

DEPARTMENT OF THE AIR FORCE
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ANG REGULATION 30-2

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Personnel

SOCIAL ACTIONS PROGRAM

This regulation establishes and explains the Air National Guard Social Actions Program. It outlines ANG policies for Social Actions, Equal Opportunity and Treatment (EOT), Human Relations Education (HRE), and Drug and Alcohol Abuse Control (D/A) programs. It identifies responsibilities for the National Guard Bureau, the Adjutant General, and unit level program managers. It establishes the requirements for certain written reports, and it applies to all military personnel in the Air National Guard.

This regulation is affected by the Privacy Act of 1974. Each form that is subject to the provisions of AFR 12-35 and required by this regulation contains a Privacy Act statement, either incorporated in the body of the form or in a separate statement accompanying it. The authority to collect personal information and maintain systems of records listed in this regulation is 10 USC 8012, 42 USC 290dd-3, 42 USC 290ee-3, 42 USC 1981 et seq., and EO 9397 and EO 11478. Records that reveal the identify, diagnosis, prognosis, or treatment of any individual for drug or alcohol abuse may only be disclosed according to paragraphs 3-35 and 3-40 of this regulation and 42 USC 290dd-3 for records relating to alcohol abuse or 42 USC 290ee-3 for those relating to drug abuse.

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PART ONE
GENERAL INFORMATION, INSTALLATION SOCIAL ACTIONS OFFICE

CHAPTER 1. GENERAL INFORMATION

1-1. Social Actions Program Objective: The primary goal of social actions is to improve mission effectiveness. The mandate of social actions is to help commanders at all levels conduct programs for drug and alcohol abuse control, equal opportunity and treatment, and human relations education.

1-2. Scope and Limitations of Social Actions Services: Social actions personnel must inform commanders when they become aware of problems that may adversely affect behavior, health, duty performance, or the mission. Social actions personnel may neither advertise nor provide confidentiality.

a. Social actions personnel may provide nonmedical counseling and referral services to drug and alcohol abusers as a complement to the rehabilitation process. Because of the specific mandate of the Social Actions Program, social actions may neither advertise nor offer services for which another agency is the office of primary responsibility (OPR).

b. Social actions functions during contingencies, hostilities, and war. Equal opportunity and treatment (EOT) staff functions and human relations education (HRE) will continue as prescribed by Air Force directives at units directly involved in combat operations. EOT/HRE functions will continue as prescribed by ANG directives at all other units. At all ANG units, EOT/HRE personnel will focus particular attention on identifying racist or sexist related events that may undermine unit cohesiveness and mission capability, and advising commanders of these events without delay. At units directly involved in combat operations, drug and alcohol abuse control personnel will continue to perform drug threat assessment activities in order to rapidly determine changes in abuse patterns. Drug/alcohol personnel will also continue to perform emergency short-term drug/alcohol evaluations and counseling that is directly mission related and any other counseling directed by the senior installation commander. Drug/alcohol education and drug/alcohol abuse control staff functions will continue as prescribed by ANG directives at all other units.

c. Programs differing from or beyond the scope of this regulation may be offered if approved by State and NGB, Office of Human Resources (NGB-HR).

1-3. Responsibilities Assigned: The Director, Air National Guard is responsible for implementing the Social Actions Program in the Air National Guard.

a. NGB. The Chief, NGB-HR is the OPR for social action programs for ANG personnel. They--

- (1) Develop, revise, and disseminate social actions policy, plans, and programs.
- (2) Keep abreast of sociological changes affecting program operations.
- (3) Monitor and control overall progress of the Social Actions Program.

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(4) Evaluate and provide assistance to the Social Actions Program at State and installation level.

(5) Monitor the ANG Affirmative Action objectives.

(6) Serve as a focal point for crossfeed of social actions information.

(7) Administer the Social Actions Awards Program.

(8) Conduct special projects in all social actions areas to aid in managing field operations.

(9) Develop social actions productivity enhancement initiatives.

(10) Prepare reports, status summaries, and studies on drug and alcohol abuse and equal opportunity and treatment.

b. States. The State AG is responsible for the ANG Social Actions Program within the State. The AG--

(1) Appoints a social actions officer on the staff of the ANG State headquarters to effect coordination between ANG units and State headquarters.

(2) Supplements ANGR 35-29 and this regulation to address State-unique needs. All State supplements will be forwarded to NGB-HR for approval.

(3) Establishes procedures to identify problem areas needing corrective or preventive action.

(4) Requests assistance from NGB-HR for problem areas that cannot be resolved within the State.

(5) Assures subordinate social actions personnel are afforded formal training and guidance within applicable social actions specialties. Those States with more than one unit social actions office may convene an annual workshop/seminar to review policy, coordinate on actions, upgrade training, and to review all social actions matters including the Affirmative Action Program.

(6) Ensures subordinate units implement the policies and programs of this regulation.

(7) Monitors corrective action programs that are undertaken for compliance with affirmative action objectives.

c. Senior installation commander. The highest organization unit commander at the installation during the unit training assemblies and annual training periods is responsible for the local social actions program and will--

(1) Develop and support an aggressive and effective social actions program.

(2) Implement the affirmative actions regulation and supplement if necessary to meet the needs of the installation, and forward a copy to NGB-HR.

(3) Ensure social actions concepts are integrated into the total installation mission and ensure that subordinate command supervisors are personally involved in supporting the Social Actions Program.

(4) Meet regularly with the social actions staff to keep abreast of the installation's human relations climate and drug/alcohol abuse trends.

(5) Give Social Actions Program assistance to geographically separated units (GSUs) according to chapter 7.

1-4. Privacy Act of 1974 and Freedom of Information Act: Guidance for implementing the Privacy Act of 1974 and the Freedom of Information Act as they apply to social actions documentation can be found in AFR 12-30 and AFR 12-35. The Chief, social actions is the reviewing authority for the release of information for Privacy Act or Freedom of Information Act requests.

1-5. Disposition of Documentation: Documents established or maintained in accordance with this regulation will be disposed of IAW AFR 12-50, volume II.

CHAPTER 2. INSTALLATION SOCIAL ACTIONS OFFICE

2-1. Chief, Social Actions: The chief of social actions is the most senior person assigned on a full-time basis to the unit social actions office. The chief serves as the commander's staff officer for drug and alcohol abuse control, equal opportunity and treatment, and human relations education programs. The chief is also the reviewing authority for releasing any social actions-related information requested under the Privacy Act or the Freedom of Information Act, including releasing or correcting information in social actions case files. (All such requests must be coordinated with the local staff judge advocate and installation Privacy Act minitor.) The chief is also responsible for directing the social actions unit level staff assistance visit program and ensuring full participation by the entire social actions staff in those efforts. The social actions office is aligned under the mission support squadron.

2-2. Unit Social Actions Staff Role: The social actions staff gives guidance to and assists unit commanders, staff agency chiefs, and assigned personnel. The social actions staff--

a. Helps identify and monitor problems, practices, and procedures that may adversely affect the mission and assigned personnel, and recommends corrective or preventive actions.

b. In coordination with the installation commander, refers social actions issues that cannot be resolved at the local level to the State social actions office.

c. Promotes community programs and resources that support social actions' goals.

d. Conducts ongoing evaluations of social actions' activities to improve services by developing new programs and upgrading existing ones.

e. Trains adjunct resource people to help conduct social actions programs.

f. Ensures that all applicable social actions data maintained in the base level Personnel Data System (PDS) are current.

g. Advises the commander and staff agencies on management of the Affirmative Action Plan (ANGR 35-29).

h. Conducts unit staff assistance visits.

i. Screens law enforcement actions and reports for equal opportunity and treatment (EOT) and drug and alcohol-related incidents.

j. Interfaces with chaplain, base career advisors, and unit career advisors to serve military members.

k. Conducts education courses/training.

2-3. Selection of Social Actions Personnel: Award of the social actions AFSC depends on completion of required formal training courses. Criteria for entry into the social actions career field are in AFRs 36-1 and 39-1. Personnel will be interviewed by the chief, social actions office and acceptable to the commander responsible for the social actions program. Temporary duty or part-time work arrangements for cross-training applicants is encouraged prior to commander certification. Request for waiver of minimum grade and other requirements for officer selectee must be fully justified and submitted with the officer appointment package for review and approval by ANGSC/DPP.

2-4. Social Actions Office Facilities: Facilities for social actions functions should include areas for private consultations, classrooms for education and training, and space for normal office functions. The social actions office should be centrally located in one building to be easily accessible by unit personnel. Refer to AFM 86-2 for guidance in developing an office environment conducive to social actions activities.

2-5. Funding and Budget Guidance: Normal operations will be supported by ANG appropriated funds. Some special projects may be funded through other sources. (ANGR 172-1 governs the financial process.)

2-6. Information Media:

a. Credible literature in the form of pamphlets, fact sheets, books, films, etc. is essential to an effective information program. These materials can be used in the direct instruction of interested personnel, or they can be provided to the unit information office for rewrite into newspaper copy. The social actions staff must review these materials to ensure factual, honest, and effective publications are available to unit personnel.

b. Selected materials are available through local publication distribution offices (PDO). Approved material may also be locally purchased.

c. Effective liaison between the social actions office and the unit information office is essential to the timely production of news and feature stories on the Social Actions Program. The newspaper, closed circuit television, and bulletin board can reach a wide cross-section of assigned personnel.

PART TWO
DRUG AND ALCOHOL ABUSE CONTROL PROGRAM

CHAPTER 3. ADMINISTRATION

Section A--General Provisions

3-1. **Basic Concept:** The ANG Drug and Alcohol Abuse Control Program has two main goals: to prevent all drug abuse (including the abuse of alcohol) and to minimize the adverse consequences to the ANG and the individual when abuse does occur. This chapter provides the policies and procedures for administering the program.

3-2. **Air National Guard Policy:**

a. Policy on drug abuse. ANG personnel are expected to maintain standards of behavior, performance, and discipline consistent with State military justice code, public law, and NGB publications. The illegal or improper use of drugs by ANG members is a serious breach of discipline; it is not compatible with service in the Air National Guard. Illegal or improper use of drugs can seriously damage physical health, impair judgment, and cause psychological injury. Drug abuse by ANG members jeopardizes personnel safety and the safety of others. Because drug abuse is not compatible with ANG standards, drug cases should receipt prompt evaluation and disposition. Those individuals confirmed to be drug abusers will be processed for separation from the ANG. The ANG does not have the resources to implement a drug rehabilitation program. The ANG is responsible for preventing drug abuse among its members, for identifying drug abusers, for controlling duty assignments, and for disciplining or discharging (or both) those who use or promote illegal or improper use of drugs. The objective of the program is to prevent all drug abuse.

b. Policy on alcohol abuse. The ANG recognizes alcoholism as a progressive, noncompensable disease that affects the entire family and is both preventable and treatable. ANG policy is to help prevent alcohol abuse and alcoholism among its personnel, to try to restore to full duty status persons with problems attributable to alcohol abuse, and to ensure the humane management and administrative disposition of those who cannot be or do not remain restored. ANG standards of behavior, performance, and discipline must be maintained (see AFR 30-1). Determination that a member has failed to meet these standards must be based on demonstrated unacceptable performance and conduct, rather than solely on the use of alcohol. When members successfully complete alcohol abuse rehabilitation and are returned to duty, they should be used, if possible, in their primary specialty unless specifically prohibited by other directives.

c. Behavior and performance. Commanders must respond to unacceptable behavior or performance with appropriate corrective actions.

d. Drinking habits. It is each person's right and responsibility to exercise private judgment in the use of alcohol, when not otherwise restricted by public law or military directives. Private drinking habits not affecting public behavior, duty performance, or physical and mental health are not of official concern.

3-3. Terms Explained:

a. General terms:

(1) Drug and Alcohol Abuse Control Committee (DAACC). An executive board of advisors to the base commander that recommends action necessary to reduce the impact of drug and alcohol on the installation mission.

(2) Drug and Alcohol Abuse Control Program. Prevention and identification efforts, the drug and alcohol abuse evaluation process, the various elements of threat assessment and countermeasures development, various educational courses, and alcohol abuse control rehabilitation programs.

(3) Drug and Alcohol Abuse Control Rehabilitation Program (DARP or AARP) formal assistance for drug and alcohol abusers through local, centralized, or referral programs at no cost to the ANG.

(4) Drug and Alcohol Abuse Evaluation Process (DAAEP). The process that provides the commander with information to make decisions concerning the appropriateness of rehabilitation.

(5) Rehabilitation/Referral Committee (RC). A decision making group that convenes to evaluate the findings of the DAAEP and, when appropriate, establishes and monitors the rehabilitation regimen and program participation. The RC is composed of the unit commander (who may be represented by an officer or the first sergeant), an officer or NCO with supervision over the member, the medical or mental health evaluator, and the DAACO/NCO. The commander will approve all decisions regarding rehabilitation entry and exit and will be briefed on all other RC decisions.

NOTE: Other agencies involved in evaluating the member may participate as advisors to the RC at the discretion of the commander.

(6) Rehabilitation Program Failure. When a member is unwilling or unable to meet rehabilitation regimen goals to the extent of not maintaining ANG standards.

(7) Rehabilitation regimen. A detailed, comprehensive, and goal-oriented plan specifying goals to be achieved and activities in which the individual will be involved. This plan is based on ANG standards of duty performance, behavior, and discipline using all available resources the commander deems appropriate.

(8) Substance abuse. The misuse of any psychoactive substance; a generic term used to encompass both alcohol and drug abuse as explained in this regulation and does not necessarily constitute medical diagnosis.

b. Alcohol terms:

(1) Alcohol abuse. Any substandard behavior or performance in which the consumption of alcohol is a primary contributing factor, including but not limited to intoxicated driving, domestic disturbances, assault, diagnosed physical and psychological problems, etc. This term includes both problem drinker and alcoholic or alcohol abuser categories.

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(a) Problem drinker--One whose nonpathological, recreational use of alcohol leads to unacceptable behavior as evidenced by an alcohol-related incident (or incidents), yet does not meet the diagnostic criteria for alcohol abuse or alcohol dependence (see figure 3-1). A person is considered a rehabilitated problem drinker if the criteria for successful rehabilitation completion is met (see (3)(b) below).

(b) Alcoholic or alcohol abuser--Any individual who is medically diagnosed as suffering from alcoholism using the criteria in figure 3-1.

1 Practicing alcoholic: an alcoholic who continues to exhibit symptoms of alcoholism.

2 Rehabilitated alcoholic, alcohol abuser: a person who meets the criteria for successful rehabilitation completion (see (3)(b) below).

3 Recovering alcoholic: a person whose alcoholism has been arrested.

(2) Blood alcohol content (BAC). BAC is the percentage, by weight, of alcohol in a person's blood as determined by blood, urine, or breath analysis. Percent of weight by volume of alcohol in the blood is based on grams of alcohol per 100 milliliters of blood.

(3) Completion of AARP. A person is considered to have completed the AARP if, in the judgment of the commander--

(a) Drinking behavior is controlled to the extent it no longer is considered damaging to physical or mental health or interferes with occupational or social functioning.

(b) The rehabilitee has satisfactorily completed all rehabilitation regimen requirements of follow-on support and is meeting ANG standards of behavior and performance. The commander documents the completion on AF Form 2731, Notification of Drug or Alcohol Abuse. This action removes all restrictions on reenlistment, reassignment, and utilization imposed by the member's entry in the alcohol abuse rehabilitation program, unless specifically restricted by other directives. NOTE: The unit commander decides whether a person has successfully completed the rehabilitation program taking into account other RC members' recommendation; the commander also determines the duration of followup support according to paragraph 4-17. Problem drinkers or diagnosed alcoholics unable or unwilling to complete follow-on support should be processed for separation.

(4) Failure to complete AARP. A person is considered as having failed to complete the AARP if, in the judgment of the commander, drinking behavior is--

(a) Damaging to physical or mental health.

(b) Interferes with occupational or social functioning. Both conditions are manifested by failure to meet standards of behavior or performance based on continued alcohol abuse. Drinking by itself is not grounds for rehabilitation failure.

(5) Responsible decisions about alcohol consumption. Deliberate decisions on an individual's part to abstain or to limit consumption. These limits are based on personal values, situational factors, knowledge of alcohol effects, and consideration of one's well-being and the well-being of others.

(6) Withdrawal syndrome. A potentially serious condition that is a complication of detoxification. It includes varying degrees of anxiety and a degree of mental and physical impairment, and it may progress from tremors and convulsions through hallucinations and delirium. Recovery from the acute phase usually occurs 2 to 5 days after the onset.

c. Drug terms:

(1) Completion of DARP. A person is considered to have completed DARP if, in the judgment of the commander, the individual has satisfactorily completed all regimen requirements of DARP, is voluntarily complying with ANG standards of behavior and performance, and completion is documented on the AF Form 2731.

(2) Drug abuse. Any illegal or improper use or possession, sale, transfer, or introduction on a military installation of drugs as explained in this regulation.

(3) Drug abuser. One who has illegally or improperly used, possessed, transferred, or sold any narcotic substance, marijuana, or dangerous drug. Categories of abuse are determined, with the exception of (a) below, by the commander, usually in consultation with other RC members. Categories of abuse are--

(a) Drug addict or drug dependent--A person who has been medically diagnosed as being psychologically or physiologically dependent on a drug as described in this regulation.

(b) Drug experimenter--One who has illegally or improperly taken any narcotic substance, marijuana, or dangerous drug as explained here for reasons of curiosity, peer pressure, or other similar reasons.

(c) Drug user--One who has illegally or improperly used any narcotic substance, marijuana, or dangerous drug as explained here more than a few times for reasons of a deeper and more continuing nature than those motivating the drug experimenter.

(d) Possessor--One who has illegally or improperly possessed a narcotic substance, marijuana, or dangerous drug as described in this regulation. Personal possession may be implied, but this definition would not ordinarily extend to an individual who was merely with another person who possessed or used a drug. This definition in no way limits the prohibitions and penalties provided in paragraph 3-4.

(e) Distributor--One who delivers to the possession of another. The actual, constructive, or attempted transfer of an item, whether or not there exists any agency relationship. This definition in no way limits the prohibitions and penalties in paragraph 3-4.

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(f) Manufacturer--One who produces, prepares, propagates, compounds, or processes a drug or other substance, either directly or indirectly or by extraction from substances or natural origin, or independently by means of chemical synthesis, and includes any packaging or repackaging of such substance or labeling or relabeling of its container. Production as used in this paragraph includes the planting, cultivating, growing, or harvesting of a drug or other substance.

(4) Drug abuse paraphernalia. Any equipment, product, or material that is used, intended to be used, or designed to be used in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repacking, storing, containing, concealing, or introducing into a human body by injection, inhalation, ingestion, or otherwise, a controlled substance in violation of the Controlled Substances Act (Title II, Comprehensive Drug Abuse and Control Act of 1970 (Public Law 91-513) (21 CFR 1300-1316)).

(5) Drugs. All psychoactive substances, excluding alcohol, as explained in this regulation (see figure 3-2).

(a) Dangerous drugs--Non-narcotic drugs that are habit-forming or have a potential for abuse because of their stimulant, depressant, or hallucinogenic effect as determined by the Attorney General of the United States (see Title 21 Code of Federal Regulations). This category includes but is not limited to amphetamines, barbiturates, LSD, mescaline, STP, and PCP (see figure 3-2).

(b) Marijuana--Any intoxicating product of the hemp plant, cannabis (including hashish), or any cannabis synthesis.

(c) Narcotics--Any opiates or cocaine, including their synthetic equivalents.

(6) Failure to complete DARP. A person is considered as having failed to complete DARP if the commander determines the individual--

(a) Has demonstrated continued drug abuse.

(b) Has failed to complete rehabilitation regimen require me so as to fail to meet ANG standards.

(7) Rehabilitated drug abuser. One who has successfully completed the DARP.

(8) Smuggling. Any introduction of goods into, or removal from, a country in violation of law or regulation, or goods on which the duty has not been paid, or that have not been declared or invoiced.

(9) Substantiated drug abuser. An individual determined by the unit commander to be a drug abuser according to c(2) above. Substantiation is documented according to paragraph 3-32.

Section B--Prohibitions, Penalties, and Controls on Drugs**3-4. Using, Possessing, Manufacturing, Distributing, and Introducing Drugs:**

a. Individuals who are subject to the State military justice code must not wrongfully use, possess, manufacture, distribute, or introduce into a military unit, base, station, port, ship, or aircraft any of the drugs specified in paragraph 3-3c(4). Such conduct violates the State military justice code. Members of the ANG who are not subject to the State military justice code and who violate the prohibitions in this paragraph are subject to ANG administrative sanctions and civilian criminal penalties. The prohibitions above do not apply to--

(1) Using, possessing, or introducing legally prescribed drugs on an ANG installation or other Government property if such prescription was not obtained by fraud or misrepresentation.

(2) Any act performed within the proper scope of official's duties.

(3) Any drug in a substance acquired--

(a) Within the United States by an over-the-counter, nonprescription purchase from a retail establishment maintained according to local laws.

(b) By legal purchase from an exchange, ship's store, or other merchandising facility operated by the Government or any of its instrumentalities.

b. The above prohibitions do not prevent disciplinary or other actions, when appropriate, for offense prescribed in the State military justice code.

3-5. Drug Abuse Paraphernalia: ANG military members and other persons subject to State military justice code must not use, possess, sell, or transfer any drug abuse paraphernalia as specified in paragraph 3-3c(3). Those members of the ANG who are not subject to the State military justice code and who violate the prohibitions in this paragraph are subject to applicable administrative sanctions and civilian criminal penalties.

NOTE: Section 802 of Title 10 U.S.C. provides that in time of war, persons serving with or accompanying an armed force in the field are subject to the UCMJ.

3-6. Drug Substances Control:

a. Smuggling and trafficking. DOD Regulation 5030.49R (as explained in AFRs 75-12 and 75-25) describes restrictions to be enforced in controlling illicit trafficking and shipping of drugs by ANG members.

b. Storage of drugs and narcotics. Store and safeguard drug items as prescribed by AFM 67-1, volume V, and AFRs 125-37 and 168-4.

Section C--Responsibilities Assigned**3-7. National Guard Bureau:**

a. NGB-HR is responsible for overall policy, operational aspects of the Drug and Alcohol Abuse Control Program, and acts as OPR for drug urinalysis.

b. NGB/MPP is responsible for personnel policy aspects of the Drug and Alcohol Abuse Control Program.

c. NGB-TN explains policies, administers supportive programs, and reports on those aspects of drug and alcohol abuse control programs that apply to military technician personnel.

d. NGB-JA provides--

(1) Overall advice, instructions, guidance, and assistance with legal aspect of the Drug and Alcohol Abuse Control Program and drug urinalysis program.

(2) Drug and alcohol abuse policy and procedural guidance to ANG judge advocates.

e. NGB-PA provides--

(1) Guidance, advice, and assistance with drug and alcohol abuse information and education programs (including development, evaluation, and assistance) with newspapers, radio, and television releases, films, and posters.

(2) Guidance to information offices ANG-wide in support of command and local installation drug and alcohol abuse control programs.

f. NGB/SG--

(1) Is the ANG OPR for coordinating with external resources on medical aspects of drug and alcohol abuse.

(2) Develops, implements, and monitors the medical aspects of the Drug and Alcohol Abuse Control Program.

(3) Is the OPR for all medical aspects of the drug urinalysis programs according to AFR 160-23.

3-8. State Adjutants General:

a. Develop policy and procedures that are State-unique and consistent with this regulation.

b. Serve as OPR for urinalysis testing to ensure effectiveness of the State urinalysis testing program.

c. Provide staff assistance and guidance to units in program development, including cross-feeding information between units.

d. Monitor staff assistance and services provided by the host base to GSUs according to existing tenant support agreements and chapter 7.

e. Monitor and evaluate unit level programs to ensure guidelines are being followed and education is of high quality.

f. Provide professional development to command personnel through conferences and workshops.

g. Submit ANG D&A Abuse report 60 days following the close of the fiscal year.

3-9. Senior Installation Commander (SIC):

a. Establishes drug and alcohol abuse countermeasures consistent with the prevalence of substance abuse and the threat to the local mission.

b. Directs the activities of all base agencies to prevent and control drug and alcohol abuse.

c. Provides adequate facilities and other resources support for drug and alcohol abuse control programs.

d. Requires unit commanders and supervisors to actively support the drug and alcohol abuse control program.

e. Supports tenant units and GSUs according to AFR 11-4 and chapter 7.

f. Establishes a DAACC to coordinate and monitor the installation's drug and alcohol abuse control programs.

(1) The chairman of the DAACC is the SIC. Social actions should be the commander's executive agent to manage the DAACC. The DAACC will meet semi-annually or at the call of the chairman.

(2) The DAACC will--

(a) Analyze the nature, extent, and effect of the local substance abuse threat and develop periodic threat assessments. The committee's current assessment of the substance abuse threat must be sent annually to the State social actions office.

(b) Develop and implement a comprehensive installation plan responding to all aspects of the threat. This specifically includes monitoring the urine testing program and allocation of urine test quotas.

(c) Evaluate existing programs to provide guidance for necessary change.

(d) Ensure incidents of drug and alcohol abuse are referred to security police.

(e) Ensure drug and alcohol education is conducted according to paragraph 3-19.

(f) Ensure access to classified information and unescorted entry are denied and a special security file (SSF) is established on members whose continued clearance eligibility, trustworthiness, or reliability become questionable by use or abuse of alcohol or drugs. (See DOD Regulation 5200-1R/AFR 205-1 and DOD Regulation 5200.2R/AFR 205-32.)

3-10. Drug and Alcohol Abuse Control Officers/NCOs (DAACO/NCO): The DAACO/NCO is responsible to the SIC through the chief of social actions for administering and conducting the Drug and Alcohol Abuse Control Program. As a minimum, the DAACO/NCO--

a. Identifies, organizes, and manages on-base resources to provide effective prevention, education, identification, evaluation, and rehabilitation/referral programs, and coordinates with off-base resources to effectively supplement the base drug and alcohol abuse control programs.

b. Advises the SIC on all aspects of the installation drug and alcohol abuse control programs, including coordinating with other staff agencies that support program operations and objectives. The primary means to accomplish this is through the DAACC.

c. Reviews inspection reports that involve drug and alcohol abuse control program activities. Takes corrective actions initiated by State's guidance and assists in program improvements as necessary.

d. Coordinates base urinalysis testing activities.

e. Maintains alcohol abuse rehabilitation/referral records so that the identity, diagnosis, prognosis, or treatment of any individual in the alcohol abuse referral/rehabilitation program is disclosed only as authorized by 42 USC 290dd-3 and 42 CFR, part 2.

f. Conducts in-service training and quality control reviews at least semi-annually of all alcohol evaluation and rehabilitation case files for proper maintenance and documentation.

g. Coordinates the release of information related to the identity, diagnosis, prognosis, or treatment of any current or former alcohol abuse program participant.

h. Monitors entries into the rehabilitation/referral programs and identifies followup action when clear indications exist of alcohol problems, but in which action has not yet been taken by the individual's supervisor or commander.

i. Conducts, with EOT personnel, unit staff assistance visits and briefs new unit commanders and first sergeants concerning local, base, and unit drug and alcohol policies and climates.

j. Screens security policy blotter entries to assist commanders in identifying personnel who may have drug or alcohol problems. Specific individuals authorized to read the blotter at the law enforcement desk are designated in writing to, and approved by, the chief of security police.

3-11. Director of Base Medical Services (DBMS):

- a. Serves as the primary advisor to the DAACC.
- b. Appoints in writing a physician officer as a member of the RC. The RC member serves as a consultant to the Drug and Alcohol Abuse Control Program and conducts all evaluations required as part of the AAEP and rehabilitation/referral programs.
- c. Implements the urinalysis program IAW AFR 160-23.
- d. Advises commanders, supervisors, and social actions in identifying drug and alcohol abusers and referrals for medical evaluation and care permitted by applicable regulations.
- e. Based on local unit medical resources, evaluates those individuals with drug and alcohol abuse problems.
- f. Ensures that all physicians and other medical personnel refer diagnosed cases of drug and alcohol abuse, alcoholism, and alcohol-related cases to unit commanders for evaluation.
- g. Ensures that diagnosis of alcoholism is signed by a physician.

3-12. Installation Staff Chaplain:

- a. Provides referral services, evaluation, consultation, and counseling to drug and alcohol abusers, and provides feedback to RCs when necessary and permissible with respect to confidentiality.
- b. Designates a representative to attend RC meetings on an "as needed" basis.

3-13. Chief, Security Police (CSP):

- a. Ensures close coordination with the Office of Special Investigations (OSI), the chief of social actions, and Federal and local law enforcement agencies.
- b. Implements countermeasures as part of the DAACC-managed installation plan which includes drug detector dogs, investigation of offenses, crime prevention, enforcement of offenses, enforcement personnel training, and liaison with community agencies.
- c. Implements ongoing DWI enforcement measures during routine traffic operations to reduce the incidence of alcohol and drug-related accidents through heightened awareness of the problem and enhanced enforcement strategy.
- d. Employs drug detector dog teams when assigned to support drug abuse countermeasures.

3-14. Unit Commanders and Supervisors:

a. Unit commanders and supervisors must be familiar with the drug and alcohol abuse programs, and take corrective measures in cases of personnel involved in drug and alcohol abuse. This process includes but is not limited to--

- (1) Continually observing subordinates' performance and conduct.
- (2) Documenting specific instances of substandard duty performance or misconduct.
- (3) Ensuring blood alcohol and urine testing is promptly accomplished--
 - (a) For flightcrews and those other individuals involved in class A or B flight mishaps whose actions or inactions, in the commander's judgment, may have been factors in the mishap sequence.
 - (b) For class C flight mishaps, those individuals whose actions or inactions, in the commander's judgment, may have been factors in the mishap sequence.
 - (c) For physiological incidents (for individuals exhibiting physiological effects).

NOTE: This does not prevent commanders from directing testing in the case of other mishaps (see paragraph 5-5). Procedures for testing, chain of custody and shipping, etc. must be according to AFR 160-23, except that all post-mishaps (flights) toxicological samples are sent to the Armed Forces Institute of Pathology (AFIP) for analysis. Following receipt of results from AFIP in all cases, the DBMS will provide copies to AFR 127-4 investigating officers. Further use and distribution of test results are made according to restrictions contained here and other applicable AF/ANG directives.

(4) Consulting with medical and social actions staffs when substandard performance or misconduct is suspected to be drug or alcohol abuse-related.

b. Unit commanders must refer for evaluation those members involved in drug or alcohol abuse.

c. Unit commanders convene alcohol rehabilitation committee meetings for members of their units. When the rehabilitee is of higher rank than the unit commander, the proper equivalent level or higher commander may designate an officer equal or higher in rank to the individual to chair the rehabilitation committee meeting.

d. Unit commanders must support alcohol de-glamorization.

e. Unit commanders must deny access to classified information and unescorted entry and establish an SSF on members whose eligibility, trustworthiness, and reliability are made questionable by use or abuse of drugs or alcohol.

f. Rehabilitation for ANG members who are not on extended active duty is limited to counseling and referral to the proper civilian or Government agencies. Assigning or extending ANG members on active duty for rehabilitation purposes is not authorized. Full-time military duty personnel are eligible to participate in Government-funded alcohol drug rehabilitation programs operated by the Department of Defense and the Veterans' Administration. Participation in a drug rehabilitation program by AGR personnel will not preclude action required by paragraph 3-2a. AGR personnel will not be extended on active duty to complete rehabilitation.

3-15. All Personnel:

- a. Are to refrain from drug and alcohol abuse.
- b. Should encourage people known to have an existing or potential drug or alcohol abuse problem to seek assistance. When abuse exists, the unit commander must be fully advised of the circumstances and personally assess the impact on the unit's mission.
- c. Report known or suspected incidents of illegal drug abuse to their immediate supervisor and unit commander or servicing security police agency.

Section D--Drug and Alcohol Abuse Education (DAE)

3-16. General Guidelines: DAE must be conducted according to the requirements of chapter 6. (Instructors will personalize lesson plans to facilitate teaching and address local conditions.) Personalized DAE lesson plans must be approved by the chief of social actions.

3-17. Responsibilities Assigned:

- a. Installation commanders are responsible for unit-level drug and alcohol abuse education programs. This responsibility extends to all GSUs for which host or tenant services are provided under AFR 11-4.
- b. Social actions chiefs will, as a minimum, evaluate education programs in writing for effectiveness and compliance with ANG requirements.
- c. The DAACO/NCO must--
 - (1) Conduct education programs as required by this regulation.
 - (2) Check all DAE for quality of instruction through normal survey, reporting, evaluation, and inspection methods.
 - (3) Update DAE attendance in the Personnel Data System (PDS).
- d. GСУ commanders will ensure all unit personnel receive training according to chapter 7.

3-18. DAE Awareness Explained: Orientation objectives are to--

- a. Emphasize the physiological and psychological dangers inherent in drug use and alcohol abuse.

b. Stress the inconsistency between drug/alcohol abuse, standards, individual's responsibility, and national security as well as the implications of drug/alcohol usage in security determinations, administrative discharge actions, and line-of-duty determinations.

c. Emphasize the alternatives to drug/alcohol abuse especially as relating in local areas.

d. Explain that disciplinary/administrative actions may result from drug abuse.

e. Provide opportunities for the evaluation of various attitudes on subject of drug/alcohol abuse.

f. Stress the need for early identification of job performance or behavior problems that may be due to drug/alcohol abuse.

g. Point out the need for commanders and supervisors to assist problem drinkers and alcoholics to recognize and acknowledge their problems and treatment and rehabilitation./

h. Explain shielding problem drinkers by tolerating poor performance, which contributes to the individual's condition and delays entry into a rehabilitation program. If a problem drinker fails to correct poor job performance, he/she will be dealt with through disciplinary/administrative procedures.

i. Promote the acceptance of--

(1) The recovered alcoholic into the military community.

(2) The fact that alcohol abuse is treatable and preventable.

3-19. Program Development:

a. Drug abuse education programs must be developed to meet the needs and recognize the experience and backgrounds of homogeneous audience groups. These groups could include commanders, officer and NCO supervisors, the professional staff, young officers, and airmen.

b. The curriculum of ANG Academy of Military Science will include instruction in drug and alcohol abuse. The NCO Academy and Leadership School will follow directives established in AFR 50-39.

c. Portions of the curricula of these professional military schools, as well as commanders' orientation courses, basic training, noncommissioned officer academies, and programs for officer commissioning are to provide factual information about drugs and alcohol, their abuse, and the behavioral patterns of drug and alcohol abusers. The program must address the social aspects of alcohol and drinking. Methods of preventing drug and alcohol abuse, rehabilitation, and administering discipline (when appropriate) are to be included.

3-20. Presentation Techniques: Films and printed information can be useful adjuncts to drug and alcohol abuse training, but sole reliance should not be placed on them. Relevancy and accuracy of information will be emphasized. Local community drug and alcohol abuse information should be included in presentations.

3-21. Audiovisual and Printed Materials: The Education and Training Committee of the DOD Health Promotion Coordinating Committee set guidelines for the selection and use of audiovisual and printed materials in the ANG Drug and Alcohol Education Program. Requests for product evaluation will be submitted through State social actions officer to NGB-ER.

Section E--Accession of Drug/Alcohol Abusers

3-22. Alcohol Abuser: Alcoholics are not acceptable for enlistment or appointment in the ANG. Those in a rehabilitation program may be eligible for reenlistment in accordance with ANGR 39-09.

3-23. Drug Abuser:

a. Narcotics and dangerous drugs.

(1) Applicants are not eligible for enlistment or commissioning if they have--

(a) Ever been arrested and convicted for possession, use, sale, or transfer of narcotics or dangerous drugs.

(b) Ever used LSD, PCP, or any other hallucinogen.

(c) Ever used narcotics or dangerous drugs illegally.

(d) Ever been a distributor or manufacturer of narcotics or dangerous drugs.

(2) Waiver will not be granted for the disqualifying factors in (a) through (d) above.

b. Marijuana.

(1) Experimental use of marijuana will not be a disqualifier for enlistment or appointment.

(2) Applicants are not eligible for enlistment or commissioning if they--

(a) Are psychologically dependent on or are chronic users of marijuana.

(b) Have been convicted or have been the subject of judicial adjudication for cannabis involvement.

(c) Have been a distributor or manufacturer of marijuana.

(d) Have used marijuana within 6 months of application for entry.

(3) Waivers will not be granted for the disqualifying factors in (a) through (d) above.

Section F--Management of Drug/Alcohol Abusers

3-24. Commander's Evaluation: Each member involved in drug/alcohol abuse is individually evaluated to determine appropriate administrative/disciplinary action. As a minimum, the following factors should be considered before selecting a final course of action:

a. The number and nature of the member's offenses and the category of abuse.

b. Member's age, rank, and background, including duty performance, conduct, and achievements. Generally, the more senior the member, the greater the gravity of the offense. Officers and NCOs, by virtue of their rank and position, must lead by example and enforce rules and regulations.

c. Member's attitude, motivation, and potential for further military service. Drug abuse automatically impinges on duty performance and brings into question an abuser's potential for continued service. Drug abusers confirmed by urinalysis testing or other methods will be processed for separation from the ANG IAW ANGR 36-014 or ANGR 39-10.

d. The extent to which a member's alcohol abuse affected or may affect duty performance. Under the whole person concept, both on- and off-duty behavior is to be considered. Breaking the law substantially jeopardizes potential, shows diminished judgment, and impairs leadership effectiveness.

e. RC recommendations (see paragraph 4-13a).

3-25. Line of Duty Determinations: Injury or disease that results from drug or alcohol abuse while a member is in a military status, or a disability secondary to such use may require a line of duty determination according to ANGR 35-67.

3-26. Referral for Treatment and Rehabilitation for Drug and Alcohol Abusers: Objectives of the rehabilitation referral program are--

a. Support safe withdrawal and recovery from physiological addiction and the resulting complications.

b. Lessen physiological problems of continuing or recurring alcoholism or drug abuse through referral medical programs.

c. Involve the member in a community group of individuals with alcohol or drug problems.

d. Involve the member in a plan for rehabilitation/referral including contact with nonmedical resources.

NOTE: Rehabilitation/referral is a coordinated effort among commanders, chaplains, medical, and social actions personnel.

3-27. Identification of Problem Drinkers and Diagnosis of Alcoholics:

a. A successful program depends on early recognition by commanders and supervisors of substandard work performance or behavioral problems that may be due to alcohol abuse. Commanders and supervisors must assist problem drinkers and alcoholics in recognizing their problems and in seeking treatment and rehabilitation. They do not diagnose alcoholism; this can be done only by medical authorities. Reasons for referral to medical authorities for diagnosis of suspected alcoholism include but are not limited to--

- (1) Deteriorating duty performance.
- (2) Frequent errors in judgment.
- (3) Periods of absenteeism.
- (4) Increasing or repetitive entries in service records, or security police records related to alcohol abuse.
- (5) Unacceptable social behavior.

b. Identification of problem drinkers or suspected alcoholics is made through many sources. Each person's right of privacy and dignity must be protected when determining the extent of problems with alcohol.

c. Identification efforts should be intensified among personnel who may be more vulnerable to the abuse of alcohol.

d. All activities will coordinate with social actions officers to ensure that each identified problem drinker and suspected alcoholic is medically evaluated and offered referral for rehabilitation.

3-28. Security Clearance, Access to Classified Information, and Unescorted Entry Into Restricted Areas:

a. Alcohol.

(1) A history of alcoholism in itself does not permanently disqualify a member from a security clearance, access to classified information, or unescorted entry into restricted areas.

(2) Members diagnosed as alcoholics are not generally granted access to classified information or unescorted entry into restricted areas while in local rehabilitation. Unit commanders must obtain a recommendation from other RC members regarding security clearance or access authorization after the individual completes local rehabilitation. The commander uses such recommendations, together with the member's demonstrated duty performance, to determine whether a security clearance or access authorization should be granted, denied, or revoked.

b. Drug and alcohol abuse. For detailed security guidance on people involved in drug or alcohol abuse, see DOD Regulation 5200.2R/AFR 205-32.

3-29. Review of Duty Assignments:

a. Commanders must review the duty assignment status of military members who are involved in drug or alcohol abuse to determine if the members should continue in their current duties.

b. Individuals in rehabilitation continue in their primary duty, and control Air Force specialty code (AFSC), unless prevented by AFR 35-99 and AFR 160-43, or DOD Regulation 5200.2R/AFR 205-32 or other applicable directives. If they cannot be used, they are assigned to other appropriate duties. Every effort should be made to return members to their primary duty following successful rehabilitation.

3-30. Standards for Separating Members for Drug or Alcohol Abuse:

a. Drugs. The incompatibility of drug abuse with ANG standards makes it essential that commanders take immediate action on drug offenses outlined here. Personnel who are drug addicts, drug distributors, or manufacturers or abusers will be processed for separation from the ANG IAW ANGR 36-014 or ANGR 39-10. Members awaiting discharge are interviewed and provided referral services until the discharge action is complete. When immediate discharge is appropriate, it must not be delayed. When drug-dependent full-time military duty personnel are approved for discharge, the execution of the discharge may be postponed to accommodate, if needed, the requirement for detoxification and initial medical treatment but not to complete rehabilitation.

b. Alcohol. Standards that apply to the general military population apply equally to those who use alcohol to the detriment of their social functioning or military conduct and duty performance. Recommendations for separation must be based on documented failures to meet ANG standards (not on the use of alcohol). Depending on the behavior in each case, unsuitability, misconduct, or substandard performance with specific reason (or reasons) should be cited (see ANGR 36-014 and ANGR 39-10). Nothing in the following paragraphs prevents a commander from initiating separation action for misconduct when required.

(1) When an individual refuses to take part in a volunteer rehabilitation program, at no cost to the Government, or fails to satisfactorily complete rehabilitation, discharge is appropriate. For those who fail rehabilitation, see paragraph 3-32 for documentation requirements.

(2) Administrative separation actions are based on a member's demonstrated unsuitability, misconduct, or substandard performance, rather than on the use of alcohol.

(3) Initial verbal refusals to cooperate in rehabilitation or a hostile attitude on the part of an individual are not unusual. Refusal to take part in rehabilitation is determined according to behavioral patterns (documented willful failures to comply with the treatment or rehabilitation regimen established by the RC) rather than the initial verbal refusal.

(4) Unsuccessful completion is determined according to behavioral patterns rather than isolated instances, and is not to be based solely on failure to maintain abstinence, if abstinence has been established as a rehabilitation regimen goal or requirement.

(5) Enlisted members who fail to successfully complete a program of rehabilitation due to refusal to participate in the program or unwillingness to cooperate should be separated IAW ANGR 39-10. This does not prevent the member's separation for other reasons if the member's record would support such action. For officers, the requirement in ANGR 36-014 applies.

3-31. Unit Social Actions Interviews: ANG personnel who are identified as drug abusers will be interviewed by the unit social actions office before discharge. The unit commander must ensure that the individual is afforded the opportunity for an interview/counseling session with the unit social actions office. The unit social actions interview/counseling session will offer the individual an opportunity to locate assistance in the local community.

3-32. Other Personnel Actions: AF Form 2731 is the source document for personnel actions associated with alcohol and drug rehabilitation/referral. The following outlines the responsibilities of unit commanders in processing this form: Unit commanders will--

- a. Use section I of AF Form 2731 to request an evaluation of a member for drug or alcohol abuse. This form documents entry into the DAAEP.
- b. Use section I of AF Form 2731 to record a member's substantiated drug abuse and, if appropriate, entry into referral (see chapter 4). In completing section II, the unit commander must indicate the predominant substance of abuse and level of involvement after consulting with the rehabilitation committee, if necessary. Section II must be completed for those for whom abuse has been substantiated, whether or not the member is entered into rehabilitation.
- c. Personally explain to each member the reason for entry into the evaluation or rehabilitation program.
- d. Send all copies of AF Form 2731 to social actions before the start of the evaluation process.
- e. Coordinate all appointments with social actions.

3-33. Program Data and Reporting: Data are maintained by NGB-HR for appropriate Air Staff agencies to conduct trend analysis and program effectiveness evaluations. State headquarters and installation level need to maintain copies of the ANG Drug and Alcohol Abuse Report and other data as deemed necessary to conduct trend analysis and to monitor program effectiveness.

Section G--Case File Management

3-34. Purpose of Evaluation and Rehabilitation Case Files: The purpose of alcohol evaluation and rehabilitation case files is to document actions and decisions that determine if an individual is to be entered into rehabilitation, to document the individual's progress in rehabilitation, and to substantiate personnel administrative actions related to that rehabilitation/referral effort.

3-35. Access to Evaluation and Rehabilitation Case Files:

a. Authorized access. The following personnel are authorized access to alcohol evaluation and rehabilitation files:

(1) Personnel assigned to the social actions office and those trained volunteers who are directly engaged in managing and operating the rehabilitation/referral programs.

(2) Medical personnel directly engaged in evaluation, rehabilitation, or medical treatment and other personnel necessary to meet a medical emergency regarding the rehabilitation participant.

(3) VA treatment personnel in the case of members transferred directly to the VA.

(4) Members of the individual's rehabilitation committee.

(5) Commanders or persons acting under their authority, such as staff judge advocates and squadron executive officers or first sergeants, for purposes consistent with those for which the files are maintained.

(6) Persons authorized to conduct program evaluations, with or without the consent of the individual concerned; for example, Air Force or wing inspectors and State or Air Staff personnel conducting staff assistance visits.

NOTE: Individuals in rehabilitation/referral may have access to their own case files on request IAW AFR 12-35 guidelines. However, before access is granted, the case file must first be evaluated to extract entries that would adversely affect the individual's physical or mental health. This determination is jointly made by the DAACO and the physician.

b. Unauthorized access. Alcohol evaluation and rehabilitation files must not be reviewed, handled, or disclosed by any means of communication (oral, written, electronic, or mechanical) to any person outside DOD, including family members, without the written request of or the advance written consent of the individual to whom the record pertains, unless disclosure is authorized under a above, or under the Privacy Act of 1974 as implemented by AFR 12-35.

3-36. Documentation of Evaluation and Rehabilitation Case Files:

a. Case file entries must be dated, legible, complete, accurate, and signed by the person making the entry. Entries made by cross-training applicants will be countersigned by the DAACO or NCOIC.

b. Case files will consist of the standard AF forms described below. Substitute or additional forms require State approval before use. Other documents (summaries of treatment, failure letters, etc.) may be included as necessary. The following AF forms must be completed and filed appropriately; in some cases, not all the forms are used.

(1) AF Form 2731, Notification of Drug or Alcohol Abuse.

(2) AF Form 2732, Substance Abuse Control Program--Appointment Schedule.

(3) AF Form 2733, Substance Abuse Control Program--Failed Appointment (as required).

(4) AF Form 2740, Substance Abuse Control Program--Background Information.

(5) AF Form 2745, Substance Abuse Control Program--Rehabilitation Committee Review.

(6) AF Form 2746, Substance Abuse Control Program--Chronological Case Notes.

3-37. Alcohol Information Confidentiality and Access Briefing: Alcohol specialists are required to inform alcohol program participants of the requirements regarding record confidentiality and access to information concerning the identity, diagnosis, prognosis, or treatment of any alcohol rehabilitation participant.

3-38. Special Markings: Special markings for file folders or jackets are not required. However, all documents in the file that reveal the identity, diagnosis, prognosis, or treatment of a rehabilitee must be marked to indicate that they are protected and that unauthorized disclosure is prohibited. The following is considered appropriate and may be used: "Protected by 42 U.S.C. 290dd-3, unauthorized disclosure prohibited." See AFR 12-50, volume II for access and disposition instructions.

3-39. Maintenance and Storage: Maintain drug and alcohol abuse evaluation and rehabilitation case files according to AFR 12-20. Store and secure files in locable receptacles, including word processing discs and similar storage devices that contain these materials.

3-40. Confidentiality of Alcohol Rehabilitation Records: 5 U.S.C. 552a (The Privacy Act of 1974) (Public Law 93-579) as implemented by AFR 12-35 prescribes procedures to obtain and disclose general record information. 42 U.S.C. 290dd-3 covers the confidential alcohol rehabilitation records. Specifically, records of the identity, diagnosis, prognosis, or treatment of any rehabilitee in connection with the performance of any alcohol rehabilitation function must be disclosed only for purposes authorized by law. Any alcohol record, including case files, should receive careful review before release to ensure these statutes are not violated. Accordingly, minimum coordination includes the local staff judge advocate and the chief of social actions.

305.0x Alcohol Abuse

309.9x Alcohol Dependence

Diagnostic Criteria for Alcohol Abuse (DSM-III 305.0x)

- A. Pattern of pathological alcohol use. Need for daily use of alcohol for adequate functioning; inability to cut down or stop drinking; repeated efforts to control or reduce excess drinking by "going on the wagon" (periods of temporary abstinence) or restricting drinking to certain times of the day; binges (remaining intoxicated throughout the day for at least 2 days); occasional consumption of a fifth of spirits (or its equivalent in wine or beer); continuation of drinking despite a serious disorder that the individual knows is exacerbated by alcohol use; drinking of nonbeverage alcohol.
- B. Impairment in social or occupational functioning due to alcohol use. For example, violence while intoxicated, absence from work, loss of job, legal difficulties (for example, arrest for intoxicated behavior, traffic accidents while intoxicated), arguments or difficulties with family or friends because of excessive alcohol use.
- C. Duration of disturbance of at least 1 month.

Diagnostic Criteria for Alcohol Dependence (DSM-III 303.9x)

In addition to those criteria listed above for alcohol abuse either tolerance or withdrawal is required in making the diagnosis of alcohol dependence.

- A. (See Above, that is Pattern of pathological use of impairment in social or occupational functioning due to alcohol use.)
- B. Either tolerance or withdrawal:
1. Tolerance. Need for markedly increased amounts of alcohol to achieve the desired effect, or markedly diminished effect with regular use of the same amount.
 2. Withdrawal. Development of Alcohol Withdrawal (for example, morning "shakes" and malaise relieved by drinking) after cessation of or reduction in drinking.

Figure 3-1. Alcoholism Diagnoses

Name	Chemical or Trade Name	Classification	How Taken	Effect Sought
I. DANGEROUS DRUGS				
Barbituates	Phenobarbital Nembutal seconal Amytal	sedative-hypnotic	swallowed or injected	anxiety reduction euphoria
Methaqualone	Sopors Mandrax Quaalude	sedative-hypnotic	swallowed or injected	anxiety reduction: euphoria
Amphetamines	Benzedrine Dexedrine	stimulant	swallowed or injected	alertness activeness
Desosyn	Methamphetamine Methedrine	stimulant	swallowed or injected	alertness activeness
DMT	Dismethyl-triptame	hallucinogen	injected	exhilaration, distortion of senses
LSD	Lysergic acid diethylamide	hallucinogen	swallowed	insightful experiences distortion of senses
STP	4 Methyl 2 demethoxy-amphetamine	euphoriant: in large doses a hallucinogen	swallowed	euphoria distortion of senses
Mescaline	3,4,5 trimethoxyphenethylamine	hallucinogen	swallowed	exhilaration distortion of senses
Pailocybin	3(2 dimethylamine ethyl)indol 4 oldihydrogen phosphate (derived from mushrooms)	hallucinogen	swallowed	exhilaration distortion of senses
PCP	Phencyclidine "Sernylan"	hallucinogen	swallowed, sniffed, or smoked	illusions and hallucination euphoria

Figure 3-2. Guide to Dangerous Drugs, Narcotics, and Marijuana

II. NARCOTICS				
Cocaine	Methylester of benzoylecgenine	stimulant	sniffed, injected, or swallowed	excitation
Codeine	Methylmorphine	narcotic	swallowed	euphoria, prevent withdrawal discomfort
Heroin	Discetyl Morphine	narcotic	sniffed, injected, or smoked	euphoria, prevent withdrawal discomfort
Methadone	Dolophine Amidone	narcotic	swallowed or injected	prevent withdrawal
Morphine	Morphine Sulphate	narcotic	swallowed or injected	euphoria; prevent withdrawal discomfort
III. MARIJUANA				
Hashish	Cannabis sativa (in a concentrated form)	relaxant; euphoriant in large doses a hallucinogen	smoked	relaxation increased euphoris; sociability
Marijuana	Cannabis	(as above)	smoked or swallowed	(as above)
IV. SUBSTANCES OF INHALATION				
Organic solvents, airplane glues, and aerosol products	Thouene, acetone naphtha, aliphatic acetates, hexane, and cyclohexane	depressant	inhaled	euphoria

(Figure 3-2 continued)

Unit _____ State _____ Command _____ FY Ending _____

I. LOCAL DRUG/ALCOHOL ABUSE CONTROL PROGRAM STATUS**A. Prevention**

1. Number of personnel given drug and alcohol abuse education
(cumulative total to date for FY ending 30 September) Number

a. Officers _____

b. Enlisted _____

c. Other (e.g., Dependents, Community Service Programs) _____

2. Number of telephone counseling calls
(cululative total to date for current calendar year)

3. Number of abusers identified by Age Gender Race Grade AFSC

a. Drugs (type) _____

b. Alcohol _____

4. Number of abusers identified by category of drug abuse

a. Experimenter _____

b. User _____

c. Addict _____

d. Possessor _____

e. Casual supplier _____

f. Supplier _____

TOTAL _____

Figure 3-3. ANG Drug and Alcohol Abuse Report

1 September 1987

5. Disposition Officer Enlisted

Rehabilitation in USAF Public Private Agency _____

Transferred _____

Separation from ANG _____

Separation for alcohol-related reasons _____

Separation for drug-related reasons _____

B. Accession of drug and alcohol abusers Enlistment Appointment Commissioned

1. Application denials (total) _____

2. Preservice use waivers requested
(specify D for drugs, A for alcohol (#,(D)) (#,(A))

a. Total requested _____

b. Total approved _____

II. NARRATIVE SUMMARY (if necessary, continue on another sheet)

A. Brief description of base drug and alcohol abuse control program, prevention, and education efforts since last report, including such subjects as education in local area schools, special drug suppression activities, etc.

B. Evaluation of the effects of base programs and progress in controlling drug and alcohol abuse.

C. Brief description of proposed programs and their objectives.

D. Other comments or information relating to the drug/alcohol abuse programs.

CHAPTER 4. REHABILITATION/REFERRAL

Section A--General Guidelines

4-1. Program Objectives: The objectives of the Alcohol Abuse Rehabilitation/Referral Program (AARP) and the Drug Abuse Rehabilitation/Referral Program (DARP) are to assist abusers in seeking professional help in dealing with their problem. An active followup program will be maintained to ensure rehabilitation/referral is secured. It is not the intent of this directive to impose constraints on the commander whenever discharge is appropriate and the provisions of the discharge directives are met nor to provide the avenue for suspension of an administrative discharge.

4-2. Program Limitations: Rehabilitation for members of the ANG not on extended active duty is limited to counseling and referral to appropriate civilian or Government agencies at no expense to the ANG. Assignment of members to active duty for training for the purpose of rehabilitation is not authorized.

4-3. Installation Social Actions Office: Maintain reference information on civilian and Government agencies having rehabilitation and counseling agencies. Telephonic, written, or personal contact is encouraged to evaluate the services and programs of these agencies.

Section B--Identification of Abusers

4-4. Arrest, Apprehension, and Investigation: An individual involved in intoxicated driving, public intoxication, or an incident in which alcohol is a contributing factor must be referred for evaluation. Unit commanders or drug/alcohol abuse control personnel must read the DD Form 1569, Incident/Complaint Report, or, where appropriate, the police blotter closely because in some cases drug or alcohol abuse involvement may not be readily apparent.

4-5. Self-Identification: Personnel with drug and alcohol problems are encouraged to seek assistance. ANG members concerned about a drug or alcohol problem may refer themselves for the evaluation process. Personnel in this status must complete the DAAEP to assess the scope of their problem. Following the DAAEP, an RC will recommend an appropriate course of action to the commander.

4-6. Incident to Medical Care: When medical personnel become aware that a patient being treated for reasons other than alcohol abuse is observed to be under the influence of alcohol, or that the injury being treated is the result of alcohol abuse, they must notify the unit commander and social actions so that the individual can be evaluated. In some cases, this information is taken from the AF Form 1488, Daily Log of Patients Treated for Injuries.

4-7. Commander Referral: When there is no prior legal or medical basis, unit commanders can identify personnel for rehabilitation and may be assisted in this decision by the RC. Commanders or supervisors should consider deteriorating duty performance, frequent errors in judgment, excessive tardiness or absenteeism, frequent involvement in acts of misconduct resulting in written documentation, unacceptable social behavior, etc., as possible indicators of drug or alcohol abuse.

Section C--Drug and Alcohol Abuse Evaluation Process

4-8. Purpose: All potential drug and alcohol abusers are evaluated using the DAAEP outlined below. This process provides the commander sufficient information to make decisions concerning rehabilitation/referral. The process involves three steps: evaluation, education, and decision. The evaluation process must be completed as soon as possible from the date of the commander's referral (AF Form 2731). While the DAAEP is expected to be thorough, all aspects of the process should be completed on time. Information concerning personal alcohol and drug abuse provided by a member in response to screening questions may not be used against the member in the issue of characterization in an administration separation proceeding. Nothing in this provision precludes introduction of such evidence for other administrative purposes or for impeachment or rebuttal purposes in any proceeding in which evidence of alcohol or drug abuse (or lack thereof) first has been introduced by the member, nor does it preclude disciplinary or other action based on independently derived evidence.

4-9. Evaluation: The commander is assisted by a series of interviews with social actions, medical, or the chaplain (optional), and other agencies determined necessary. Social actions personnel may use problem/substance abuse checklists in the evaluation process; however, the use of psychological tests, regardless of the qualifications of the social actions administrator, is beyond the scope of the social actions program and, the tests are not to be used in any fashion. If such testing is required, the individual should be referred to civilian sources.

4-10. Education: A substance awareness seminar is provided for all personnel who are referred/entered in a rehabilitation program.

4-11. Decision: The RC is the prime focus in this part of the process. For this meeting, the RC is composed of the unit commander, supervisor, medical evaluator, the drug and alcohol abuse control representative, and other staff agency personnel who are involved in evaluating the member. The commander determines the necessity for rehabilitation/referral participation based on all available information. Following evaluation, the commander may decide to--

a. Substantiate abuse and recommend entry into a local program at no cost to the ANG.

b. Substantiate abuse but determine program entry is not required.

c. Abuse is not substantiated.

4-12. Disciplinary Action: Disciplinary action is rehabilitative. Entry into local rehabilitation is not a substitute for disciplinary action when admissible evidence of drug abuse exists. Therefore, disciplinary action is normally appropriate in all drug abuse cases. However, every case is addressed on its own merit. Unit commanders should consider the full range of actions and options available.

4-13. Evaluation Guidelines: All personnel who may be substance abusers must be evaluated to help commanders decide on the appropriateness of referral/rehabilitation. Supervisors, unit commanders, and social actions personnel are responsible for providing the medical facility with all the information available to assist the medical evaluator.

a. Commander-supervisor evaluation--When an individual is referred for evaluation, the commander must fill out block I on AF Form 2731 as indicated on the form and send all copies to social actions where the forms are suspended for the RC meeting. At the same time, the commander must make an appointment for the individual with social actions. Once the appointment is made, the commander must explain to the individual why he or she was referred for evaluation; that the evaluation process is nonpunitive in nature; and that the individual must report to social actions at the set time and comply with the procedures for evaluation specified in b, c, and d below.

b. Social actions evaluation--Social actions must conduct an assessment interview with the member and provide the member with an overview of the evaluation process. Social actions must also make appointments for a medical evaluation and the awareness seminar, and refer member to other helping agencies. Social actions must make sure the medical evaluator is provided summaries of all data gathered during the assessment interview and from the commander using the AF Form 2740 and any supporting documentation.

c. Medical evaluation--As a minimum, the medical evaluation includes a review of all documentation provided of the individual's general physical condition. Additional medical, mental health, psychiatric, or laboratory examinations are performed at the discretion of the evaluator if such services are available at the unit medical facility. The medical evaluator documents the evaluation and returns evaluation document(s) (AF Form 2740) to social actions for retention in the individual's case file.

d. Chaplain evaluation (encouraged)--The chaplain is another source for evaluating individual and family dynamics. An evaluation by a chaplain is not mandatory, but commanders may include it in the process. If a chaplain evaluation is accomplished, then the chaplain should attend the RC meeting.

4-14. Education Guidelines: During the time that the evaluation process is taking place, the members will attend the one hour of awareness training in substance awareness seminar. This seminar gives information on ANG standards; personal responsibility; communicative skills, values, and goals clarification; specific information on intoxicated driving; and alternatives that apply to alcohol abuse. It is designed to educate the members so they may make responsible decisions about drug and alcohol use.

4-15. Decision Guidelines:

a. Rehabilitation Committee evaluation--After all evaluations are complete, the commander determines if an individual should be referred for rehabilitation after considering the factors outlined in paragraph 3-24. If referral for rehabilitation is appropriate, DAACO/NCO acting for the RC will refer the individual to local rehabilitation programs and develop a regimen for the RC approval.

b. Entry into local rehabilitation--The commander, with the individual's consent, enters an individual into DARP or ARP by filling out block II on AF Form 2731 held by social actions.

c. Referral/rehabilitation drug testing--Personnel who take part in rehabilitation due to drug abuse must provide urine samples as required by AFR 160-23. Urinalysis positives that occur during rehabilitation will be evaluated by an RC and disposition decided on a case-by-case basis.

4-16. Rehabilitation Committee Guidelines: The RC/DAACO/NCO must establish an individual, goal-oriented rehabilitation regimen for each rehabilitation/referral program participant. The treatment regimen and time required should address problem areas identified in the evaluation process. The RC/DAACO/NCO must also evaluate each participant's progress in rehabilitation and recommend appropriate disposition at least semiannually. The assessment and recommendations of the RC are recorded for each participant and entered into the rehabilitation case file. RC members must be constantly aware of the requirements of the Privacy Act, 42 U.S.C. 290dd-3, and 42 CFR, part 2 that concern releasing the identity, diagnosis, prognosis, or treatment of alcohol abuse program participants. Unauthorized willful disclosure could result in criminal charges and fines. The DAACO/NCO acting in behalf of the RC will monitor the participant progress until the referral agency provides proof of program completion or sustained satisfactory performance. The RC or DAACO/NCO may recommend follow-on support. A reevaluation of the factors outlined in paragraph 3-24 by the commander with assistance by the RC will be used to ensure that members have been rehabilitated to the retention requirements of the ANG.

CHAPTER 5. URINALYSIS

Section A--General Information

5-1. **Implementing References:** The urinalysis testing program is implemented by AFR 160-23 and this regulation.

5-2. **Purpose:** Deterrence is the primary purpose of the ANG urinalysis testing program. Other purposes include identifying persons for administrative action or discipline and obtaining data on the prevalence of drug abuse. The possibility of being identified as a drug abuser via urinalysis testing discourages individuals from using drugs.

Section B--Drug Urinalysis Testing Procedures

5-3. **Biochemical Test Methodology:** Urinalysis testing is a scientifically precise and accurate method to detect the presence of drugs in urine. Minute quantities of drug residue and/or their metabolites can be detected by the various procedures used.

a. **Radioimmunoassay (RIA).** Specimens are first screened for drugs by RIA. This positive test result is called a "presumptive positive." Each specimen that gives a presumptive positive result by RIA is submitted for confirmation to a second test by a different analytical method.

b. **Gas Chromatograph-Mass Spectrometry (GC/MS).** To substantiate the presumptive positive of the RIA screen, all presumptive positives will be confirmed by GC/MS.

c. **Laboratory Quality Control.** The technical and administrative performance of the Air Force and Army Drug Abuse Detection Laboratories is continually and vigorously monitored externally by the Armed Forces Institute of Pathology (AFIP) and internally by the laboratories' own quality control programs (QCP). Each week AFIP sends positive and negative urine samples directly to collecting bases. The QCP samples are intermingled with regular base urine collections on a random basis. Once samples are analyzed by the laboratory, results are returned to the bases, who submit them to AFIP for grading. The internal QCP consists of a similar system in which known and unknown control specimens are tested with the bases' specimens. Any discrepancies are immediately detected and specimens in that group or batch are then rerun. The system stresses analytical aspects and detects clerical or administrative errors.

d. **Collecting, shipping, and processing specimens.** Specimens are collected, processed, shipped, and received at the laboratory under chain of custody procedures specified in AFR 160-23. On receipt, boxes containing the chain of custody specimens are inspected for tampering, are opened, and inventoried. During the testing procedures the specimens (or any part of the specimen) is handled under strict chain of custody. The specimens arrive in covered plastic bottles and are labeled with the submitted facilities' specimen numbers, all digits of the Social Security account number, initials of the person who provided the urine specimen, collection date, and the observer's initials, and sealed with tamper-

proof tape. A portion (called an aliquot) of each specimen is poured from the original container in which it arrived. The aliquot is placed in a test tube for analysis. All test tubes are disposable and used only once. The original specimen remains in its original container. The aliquots are then positioned in racks of 20. Aliquot identification is retrieved by a programmable computer and all aliquot results are printed with positive results flagged based on batch number and tube position within the rack. The aliquots are then subjected to RIA. If a sample is positive by RIA, a lab technician returns to the original container and pours a new aliquot which is tested by GC/MS at either the Brooks or a contract laboratory. Bases are notified of results only after the GC/MS confirmation. Positive samples are retained frozen for 60 days unless an extension is requested. Requests for independent retest may be submitted by the service member. All such requests must contain the following identification data: the purpose for which the retest is requested, the base number, laboratory accession number, Social Security account number of the service member, and the name and telephone number of his or her squadron commander. Requests must be submitted through the Special Court Martial convening authority to the appropriate Government laboratory. The laboratory will send an aliquot of the specimen under chain of custody by registered mail to the independent test facility designated by the service member. All shipping costs and the independent laboratory's fees must be borne by the service member. This is best handled by providing the drug testing-laboratory with a prepaid shipping container.

e. False Positive and Negatives. The system is designed to prevent mis-identifying nonusers. Incorrectly identifying a negative ("clean") specimen as positive would be a "false positive." The RIA screening level is sufficiently conservative to eliminate extraneous reasons for a positive. Confirmation by an additional and different test method ensures positive results are correct! Multiple and redundant quality control checks on both the technical and administrative procedures ensures accuracy. Chain of custody ensures the specimen belongs to that individual. The overall system is weighted in favor of the individual and false positives are virtually nonexistent. A "false negative" is a specimen which may have low levels of drugs present, but because policy concerning levels of drug presence establishes a higher decision level, the sample is called "negative" and is not reported to the unit as positive.

5-4. Specimen Submission Allocations: The number of ANG tests which will be accomplished will be determined by NGB-HR. NGB-HR distributes the allocations to TAG/SL, based on the number of CBPO-services personnel. Units will test up to 2 percent of their authorized strength each UTA. Procedures should be established to monitor utilization of allocations within the State so that unused allocations can be redistributed within the current month. Unit DAACCs through the SL office will manage allocations at local level. Emphasis should be on inspection testing (to support policy of deterrence) with other tests used to supplement commanders' special requirements. Units requiring testing of a specimen for other than marijuana or cocaine must request a special allocation from NGB-HR.

Section C--Use of Urinalysis Testing Results

5-5. General Guidelines: Urinalysis testing is used along with investigation and law enforcement as one countermeasure to drug abuse. It is most effective

as a deterrent only if it has the potential to reach each ANG member. All military personnel must recognize that they can be tested. The testing method which best achieves this deterrent goal is inspection testing. Commanders must have flexibility to select the most appropriate testing procedures, but inspection testing should be the predominant method used, supplemented by probable cause and commander-directed tests. Urine testing of ANG personnel for the purpose of detecting drugs is conducted according to AFR 160-23. Military members who fail to comply with an order to provide a urine sample under the circumstances specified below are subject to punitive action under applicable State military justice code for "failure to obey a lawful order." Individuals identified as a result of urine testing must be provided referral counseling. Military members may be ordered to provide urine samples (paragraphs 5-6 through 5-9). Military members may be asked to voluntarily consent to provide urine samples at any time. Results from a consensual test may be used to support and used as evidence in disciplinary action under applicable State military justice code or administrative discharge action, including the issue of services characterization in discharge proceeding.

5-6. An Inspection Under Military Rule of Evidence (M.R.E.) 313: Inspections may be conducted as a unit sweep or randomly on segments of a squadron, unit, duty section, dormitory, etc. An inspection does not have to encompass an entire squadron, unit, duty section, dormitory, etc. The singling out of specific individuals or small groups is to be avoided, as these cases most often fall under commander-directed testing provisions (see paragraph 5-8a). Commanders should consult with their SJA, the social actions OPR, and medical urine test program monitor before conducting inspection testing. These persons are considered "trusted agents" and must hold information concerning pending inspection tests in strict confidence. Results may be used to support and as evidence in a disciplinary action under applicable State military justice code and/or administrative discharge action, and may be considered on the issue of characterization of discharge in separation proceedings.

5-7. A Probable Cause Search and Seizure Under M.R.E.s 312, 314-316: Commanders can order a urine test when there is probable cause to believe that the member has ingested drugs, is drug intoxicated, or has committed a drug-related offense. SJAs should be consulted and appropriate procedures followed to establish "probable cause." Results may be used to support and as evidence in a disciplinary action under applicable State military justice code and/or administrative discharge action, and may be considered on the issue of characterization of discharge.

5-8. A Commander Directed Examination: The commander can refer a military member for urine testing when there is a reasonable suspicion of drug abuse. A commander-directed examination may be conducted to determine a member's competency for duty and the need for counseling or other medical treatment.

a. Commanders usually direct urine testing in all unusual circumstances of aberrant, bizarre, or unlawful behavior in which probable cause does not exist but there is a reasonable suspicion of drug abuse. Such behavior may include, for example, unauthorized absences, violations of safety requirements, disobedience of direct orders, apprehension or investigation of drug offenses or intoxicated driving, involvement in crimes of violence, or other incidents involving repeated

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or serious breaches of discipline. Individuals should be referred for a urine test as soon as possible after the behavioral incident, but not so soon as to prevent recent use from showing up on the test (for example, about 2 to 4 hours). In addition, apathy or defective attitude, or personality change may, when examined in the context of other circumstances, lead to a reasonable suspicion of drug abuse and form the basis for commander-directed urine testing.

b. Results obtained from commander-directed testing may be used in administrative discharge action. Results may not be used against the member in any disciplinary action under the State military justice code, nor may they be used on the issue of characterization of discharge.

5-9. Medical Purposes: An examination ordered by medical personnel for a valid medical purpose under M.R.E. 312(f), including emergency medical treatment, periodic physical examination, and such other medical examination as necessary for diagnostic or treatment purposes. Results may be used to support and as evidence in a disciplinary action under applicable State military justice code and/or administrative discharge action, and may be considered on the issue of characterization of discharge in separation proceedings.

Section D--Responsibilities Assigned

5-10. National Guard Bureau:

a. Chief, Office of Human Resources (NGB-HR). NGB-HR is the ANG office of primary responsibility (OPR) for urinalysis testing policy. This office--

(1) Manages the drug abuse testing program through the social actions program manager.

(2) Distributes specimen allocations to State and monitors their use.

(3) Ensures that all agencies support the program.

(4) Coordinates activities of all agencies involved in testing.

b. Office of the Air Surgeon (NGB/SG). NGB/SG is the office of collateral responsibility (OCR) for all medical aspects of the urinalysis program.

c. Office of Legal Advisor (NGB-JA). NGB-JA is the OCR for all legal aspects of the urinalysis program and will--

(1) Ensure chain of custody is legally sufficient and functions correctly.

(2) Ensure that State SJAs are actively involved in providing urinalysis advice to State and base staffs.

(3) Support the Surgeon General in quality control of the chain of custody.

5-11. States:

a. State social actions staff officer is the State OPR for urinalysis testing and will--

- (1) Ensure the functioning of all State program elements.
- (2) Coordinate activities of all agencies involved in testing.
- (3) Manage test allocations through the DAACC.
- (4) Distribute allocations to bases and monitors their use.

(5) Reallocate samples within the State to ensure optimum monthly utilization of allocations.

b. State surgeon is OCR for all medical aspects of urinalysis testing.

c. State judge advocate is OCR for all legal aspects of urinalysis testing and will--

(1) Ensure chain of custody is legally sufficient and functions correctly.

(2) Ensure unit level SJAs are actively involved in supporting program requirements.

5-12. Unit Level: While specific duties are outlined below, the key to a successful program is the close collaboration between all responsible agents. This is because this program is imbedded in three separate disciplines, all of which must be closely monitored and perfectly executed for program success. Experience shows that close cooperation and mutual support increase the quality of the program.

a. Chief, social actions is the State OPR for urinalysis testing, who--

- (1) Ensures functioning of all aspects of the base program.
- (2) Coordinates activities of all agencies involved in testing.
- (3) Manages allocations through the DAACC.

(4) Ensures results and trends are reported to the senior installation commander and DAACC so needs can be assessed and requirements determined.

(5) Receives results from MUTPM and informs unit commanders of positive results.

(6) Coordinates on all requests for inspection testing.

(7) In conjunction with the base SJA, ensures that chain of custody collection is being properly accomplished.

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(8) In conjunction with base OCRs, conducts self-inspection of the drug testing program for the senior commander IAW AFR 123-1.

b. Director, base medical services is the base OCR for urinalysis testing and is responsible for all medical aspects of the urinalysis program by performing the following:

(1) Appoint a medical urine test program monitor.

(2) Ensure specimens are collected IAW AFR 160-23.

(3) In conjunction with social actions, ensures commanders are familiar with medical aspects of the program.

(4) Provides for medical evaluation, as required.

c. Medical urine test program monitor (MUTPM) manages the medical aspects of the base drug testing program by--

(1) Contacting the laboratory responsible for testing and arranging to carry out the testing program for the base.

(2) Collecting and transporting specimens to the laboratory according to AFR 160-23.

(3) Receiving and reviewing test results.

(4) Reporting results in writing to social actions and the wing/group commander.

(5) Reporting data and trends to DAACO and DAACC (including demographic data).

(6) Briefing unit commanders on medical aspects of the drug testing program.

d. Staff judge advocate is the OCR for urinalysis testing and is also responsible for all legal aspects of the base program including--

(1) Ensuring that the chain of custody (COC) is legally sufficient and functioning correctly.

(2) Inspecting the COC.

(3) Briefing commanders, in conjunction with social actions, on how to use urine testing.

(4) Briefing commanders on how positive results can be used.

e. DAACC is the senior installation commander's coordinating committee for the drug testing program and--

(1) Ensures testing is conducted IAW ANG/Air Force policy and directives.

(2) Distributes allocation to meet unit needs.

(3) Ensures test level, type of test (e.g., commander-directed, inspection, probable cause) is appropriate to the threat and consistent with ANG directives and policies.

NOTE: Inspection testing should be the predominant type of test used.

(4) Ensures all personnel are subject to inspection testing regardless of rank, status, or position. (Monitor via testing demographic reports.)

(5) Ensures commanders and supervisors are familiar with the program.

(6) Monitors the interface of all staff agencies in support of the program.

(7) Ensures that testing is used along with investigation and law enforcement as countermeasures to drug abuse.

(8) Ensures that all incidents of known or suspected abuse or indication of deterioration of duty performance or behavior are monitored to make sure appropriate testing is completed.

f. Unit commanders use drug testing to deter and detect drug abuse in the unit by--

(1) Being familiar with the drug testing program.

(2) Ensuring urine tests are promptly accomplished in all instances of known or suspected drug abuse or indications of deterioration of duty performance or behavior (which may include mishaps).

(3) Evaluating all positive urinalysis results IAW AFR 160-23 and this regulation and taking appropriate action.

	State Code of MJ	Characterize Discharge	Admin Actions*	Referral
Inspection-M.R.E 313 (health and welfare or unit sweep)	Yes	Yes	Yes	Yes
Search or seizure M.R.E 312, 314-316	Yes	Yes	Yes	Yes
Medical Exam- M.R.E. 312(f)** (no prior suspicion)	Yes	Yes	Yes	Yes
Voluntary consent	Yes	Yes	Yes	Yes
Command-directed				
-Suspicion but no probable cause	No	No	Yes	Yes
-Incident, but no probable cause	No	No	Yes	Yes
-Determine com- petency for duty no probable cause	No	No	Yes	Yes
-Rehabilitation	No	No	Yes	Yes

*Administrative actions include removal from flying status, withdrawal of security access, removal from sensitive duties, letter of reprimand, separation from service, and other personnel actions (e.g., denial of reenlistment, removal from duties involving firearms, etc.)

**Medical examination under M.R.E. 312(f) includes emergency room treatment, periodic physical examinations, and other routine medical examinations that are necessary for diagnostic or treatment purposes when command suspicion of drug abuse is not the reason for the examination.

Figure 5-1. Guidelines for the Use of Urinalysis Results

PART THREE**EQUAL OPPORTUNITY AND TREATMENT (EOT)/HUMAN RELATIONS EDUCATION (HRE) PROGRAM****CHAPTER 6. GENERAL INFORMATION AND RESPONSIBILITIES**

6-1. Basic Concept: The ANG EOT/HRE program is designed to ensure equal opportunity in support of mission readiness for all ANG military personnel.

6-2. Background Information: Two elements essential to maintaining the highest readiness are the full development and utilization of our people and the presence of harmonious relations among them. When there are shortcomings in either of these areas, the ability to accomplish the mission efficiently is diminished. The purpose of the EOT/HRE Program is to support mission readiness by ensuring that individuals receive equal consideration and treatment based on merit, achievement, and ability. Among the mission-degrading factors that the EOT/HRE Program strives to eliminate are arbitrary, personal, and institutional discrimination based on race, color, religion, age, national origin, gender, and ethnic group. The EOT/HRE Program endeavors to ensure harmonious relations among ANG personnel by promoting open communication, cross-cultural awareness, understanding, and respect. To achieve this goal, the EOT/HRE Program works to identify human relations factors within the organizational and social climate that detract from harmonious relations and seeks to assist commanders in preventing eliminating and/or neutralizing them.

6-3. ANG Policy:

a. ANG's policy is to conduct ANG affairs free from arbitrary discrimination in accordance with laws of the United States and to provide equal opportunity and treatment for all members irrespective of their race, color, religion, age, national origin, ethnic group, or gender. Arbitrary discrimination by act or inference against military personnel or their dependents, on or off base, will not be tolerated. Commanders will take appropriate administrative and/or judicial action to eliminate or neutralize discrimination and its effects when discrimination is alleged but cannot be proven, and commanders will correct any management deficiencies surfaced through examination of the circumstances.

b. Military personnel and their family members must not be arbitrarily denied access to on or off-base facilities. Organizations that arbitrarily deny personnel access will not use military facilities or resources. This policy applies to organizations that discriminate through their bylaws, rules, regulations, and constitutions. This also applies to those organizations that, in the judgment of the commander, are engaging in de facto discrimination.

c. The Department of Defense education and training in human/race relations is conducted on a continuing basis for all personnel, including members of the National Guard. Human relations education promotes an understanding that human relations has a direct impact on mission accomplishment.

6-4. Terms Explained:

a. Appointing authority. The commander (normally the SIC) who assigns a person to conduct an inquiry or investigation.

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b. Arbitrary discrimination. Any action that unlawfully or unjustly results in unequal treatment of persons or groups based on age, color, national origin, race, ethnic group, religion, or gender and for which distinctions are not supported by legal or rational considerations:

(1) Disparaging terms are terms used to degrade or infer negative statements pertaining to age, color, national origin, race, ethnic group, gender, or religion. Such terms include insults, printed material, visual material, signs, symbols, posters, or insignia. The use of such terms constitutes arbitrary discrimination.

(2) Personal discrimination is that action taken by an individual to deprive a person or group of a right because of age, color, national origin, race, ethnic group, religion, or gender. Such discrimination can occur overtly, covertly, intentionally, or unintentionally.

(3) Sexual harassment is a subcategory of sex discrimination. Sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when--

(a) Submission to such conduct is made either explicitly or implicitly a term or condition of a person's job, pay, or career.

(b) Submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting this person.

(c) Such conduct has the purpose or effect of interfering with an individual's performance or creating an intimidating, hostile, or offensive environment.

(4) Institutional (systemic) discrimination is that action by an institution (or system) through its policies and procedures that deprives a person or group of a right because of age, color, national origin, race, ethnic group, religion, or gender. Such discrimination can occur overtly, covertly, intentionally, or unintentionally.

c. Climate assessment. Actions taken to evaluate the human relations climate annually on an installation. Units may use AFP 30-13. AF Form 280, Human Relations Climate Assessment, may be used in conjunction with the guide. The form is used to assess an installation's human relations climate by using quantitative and qualitative factors.

d. Complaint evaluation. A commander's evaluation as to whether or not an inquiry investigation is required based on the complaint clarification.

e. Complaint of incident clarification. A process that includes those actions performed by the EOT staff for the appropriate commander to assess whether or not a reasonable probability exists that discrimination has occurred. For anonymous complaints (allegations made through unofficial channels), there should be enough details to make an initial assessment and classify the allegation as having potential impact on the human relations climate at any level. The complaint or incident clarification--

(1) Determines whether or not a reasonable probability exists that ANG EOT policy has been violated.

(2) Gathers enough information for a commander to determine whether or not an inquiry or investigation is appropriate. During the clarification process, the EOT staff will speak to the known witness, including the alleged discriminator.

(3) Involves interviewing participants or contacting other agencies.

f. Discrimination complaint. An allegation made through official channels that an act or circumstance of arbitrary discrimination has occurred or exists.

g. Equal opportunity and treatment. The conditions under which the participation, treatment, and potential for success of ANG members in all facets of ANG life are governed only by individual merit, achievement, and ability.

h. Human relation climate. The prevailing perception of individuals concerning interpersonal relationships within their working, living, and social environment.

i. Human relations incidents. An overt, damaging act directed toward an individual, a group, or an institution that is motivated by or has overtones based on color, national origin, race, ethnic group, religion, or gender. The categories of incidents are--

(1) A minor incident involves any one of the following: less than 10 active participants, simple assault, minor physical injury requiring no hospitalization or less than 2 complete days medical confinement, or property damage of less than \$300.

(2) A serious incident involves any one of the following: 10 to 20 active participants, aggravated assault, physical injury requiring medical confinement of 2 to 5 complete days or property damage of \$300 to \$1,000.

(3) A major incident involves any one of the following: more than 20 active participants, death, arson, physical injury requiring extended medical confinement, property damage in excess of \$1,000 or large group presentation of demands or defiance of authority.

j. Inquiry. The process of determining the facts of a matter by checking records, reviewing applicable directives, examining material evidence, and interviewing persons who may have direct knowledge of the facts. This process is generally adequate when the subject is not complex or of a serious consequence, and the matter can be properly resolved through normal staff action. EOT-related inquiries are conducted under the authority of this regulation.

k. Investigation. The process of determining the facts of a serious or complex matter. EOT-related investigations are conducted under the authority of this regulation.

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1. Legal coordination. Preliminary coordination of the complaint/incident clarification report conducted by the base legal office is aimed at assisting the commander in deciding if further investigation is needed and if so, what type investigation is appropriate. Since the clarification report is not a completed investigation, and specific conclusions and findings have not been developed, a formal legal review is not appropriate. If on rare occasions findings during a complaint clarification confirm discrimination has occurred and the need for inquiry/investigation is nullified, then formal review is required.

m. Other complaint/assistance. A category used to capture data of personnel assisted by social actions. It also ensures accountability of time spent by social actions personnel for complaints and assistance.

n. Unit staff assistance visit. Actions taken to review conditions within a unit or organization according to AFP 30-41. Visits should be conducted on a regularly scheduled basis. Disposition of the information compiled as a result of unit staff assistance visits and climate assessments is determined by the commander, director, or agency chief of the unit or organization. Information requested by an individual pertaining to staff assistance programs is usually not released (see AFR 12-30). This process is designed to reinforce the helpful orientation of the unit staff assistance program.

6-5. National Guard Bureau Responsibilities:

a. NGB-HR will--

(1) Develop and review policy coordinated with other staff activities and monitor the overall EOT/HRE programs.

(2) Formulate programs designed to eliminate overt or subtle and prohibitive forms of discrimination to establish true equal opportunity and treatment for all ANG personnel.

(3) Ensure that equal opportunity and human relations policies established by this regulation are implemented at the State and installation levels.

(4) Ensure that EOT/HRE Program is evaluated. Review inspection reports and evaluations and take appropriate action.

(5) Maintain contact with other DOD components and civilian agencies having collateral human relations and equal opportunity responsibilities and interests.

(6) Review IG inspection reports and their corrective action taken by base EOT/HRE activities, and assist these activities as necessary.

(7) Convene professional conferences, forums, and workshops to ensure EOT/HRE staff member's knowledge and skills remain current. Participate in seminars and workshops.

(8) Plan future program development including HRE research and evaluations.

(9) Serve as the focal point for EOT/HRE policies and programs. Provide a cross-feed of information including program innovations, achievements, problem solutions, and lessons learned.

(10) Publicize EOT/HRE policies and programs. Provide a cross-feed of information including program innovations, achievements, program solutions, and lessons learned.

(11) Function as the EOT/HRE focal point in the following areas:

(a) Manpower and personnel.

(b) Career field management/professional development.

(c) Social actions training.

(12) conduct staff assistance visits.

(13) Manage the ANG Affirmative Actions Program (AAP).

(14) Monitor unit/State AAP corrective action programs.

(15) Review and approve all nomination packages for ANG members assigned to DEOMI.

(16) Approve grade waivers for DEOMI attendees.

(17) Coordinate and serve as the focal point for all requests for ANG member's participation at Defense Equal Opportunity Management Institute (DEOMI).

6-6. State Responsibilities:

a. Each AG will appoint a social action officer in the State headquarters to assist in managing the ANG Social Actions Program. AGs and their staffs will devise local procedures to ensure that the equal opportunity officer is informed about matters pertaining to the programs as administered by the various functional areas of the staff. Appointment of a social actions officer as the focal point for the entire program does not relieve other staff agencies of their basic responsibility within their functional areas.

b. State social actions officer will--

(1) Provide the name, grade, office symbol, office telephone number, and home telephone number and any changes thereto of the State social actions officer to NGB-HR.

(2) Provide an annual equal opportunity report. This report, due 60 days after the close of the FY will include but is not limited to--

(a) A profile of the State ANG Equal Opportunity Program.

(b) Major problem areas within the past year.

(c) A subjective critique of the ANG equal opportunity function.

(d) Copies of policy guidance distributed to subordinate levels during the reporting period.

(e) EOT/HRE summary (figure 6-3).

(f) Drug/Alcohol Abuse Control Report (figure 3-3).

(g) Report required by ANGR 35-29.

(3) Be the focal point for the State headquarters staff in all matters pertaining to the equal opportunity and treatment of ANG military personnel.

(4) Provide ANG Equal Opportunity Program policies, guidance, standards, and procedures to State ANG units, and ensure prompt and effective implementation as well as unit progress on programs of corrective actions in compliance with ANGR 35-29.

(5) Serve as the central coordinator within the State headquarters on all ANG Equal Opportunity Program matters requiring headquarters staff action.

(6) Assist headquarters staff offices to resolve problems closely related to the ANG Equal Opportunity Program.

(7) Establish a sustained headquarters analysis effort to deal with field input resulting from the data collection and analysis system. If incident analysis shows a high racial temperature, then coordinate information with unit concerned for possible corrective action.

(8) Respond to field requests for assistance.

(9) Provide the State information office with material suitable for internal distribution to improve program goals.

(10) Submit reports (How Goes IT) to NGB-HR when requested on all significant and unique actions taken, activities/functions held, and programs instituted.

(11) Develop a formal State training program (State social actions seminars, etc) to assure that newly appointed installation military social actions officers and NCOs are thoroughly acquainted with job techniques.

(12) Establish equal opportunity objectives IAW ANGR 35-29, which are--

(a) Demographic data for the Standard Metropolitan Statistical Area (SMSA) or county boundaries coinciding with an appropriate 50-mile radius.

(b) Early completion of required human relations education training by commander/senior supervisory personnel.

(c) Adequacy of human relations and ethnic awareness literature in social actions offices.

(d) Placement of minority and women officers and NCOs in supervisory positions commensurate with their qualifications and experience.

(e) Appropriate representation by minorities and women on unit councils and boards.

(13) Conduct annual staff assistance visits to units in the State, and/or conduct annual workshops for training and cross-feeding of information.

6-7. Senior Installation Commander: The SIC will resolve problems peculiar to the local environment. Problems that require assistance from State or NGB level will be brought to the State's or NGB's attention without delay. SICs will--

a. Ensure the ANG equal opportunity and treatment policy is implemented on- and off-base (such as contract quarters) and that action is taken to repeal any regulation or practice that serves as an obstacle to providing equal opportunity to all military personnel.

b. Appoint a wing/group social actions officer to perform duty as the equal opportunity officer on all matters pertaining to equal opportunity and treatment of military personnel and to ensure that this function is integrated into the social actions program. Locally devised procedures are required to keep them informed about matters pertaining to the program as it is administered by the various functional areas of the staff.

c. Direct periodically the assessment of the human relations climate of the base and assigned units through a variety of methods including social actions staff assistance visits.

d. Ensure staff coordination on equal opportunity and treatment matters. This includes coordination with the EOT/HRE staff on EOT/HRE matters received through IG and congressional channels. EOT-related IG reports, or summaries thereof, and actions taken will be made available to the EOT/HRE staff.

e. Appoint officers to conduct inquiries, investigate complaints of discrimination, and/or racial incidents IAW this regulation.

f. Direct commanders, first sergeants, and supervisors to ensure the purpose and intent of this regulation and DOD policy on EOT/HRE are carried out and that they are to be personally involved in the support of the social actions program.

g. Evaluate the base HRE.

h. Ensure base personnel attend EOT/HRE as required.

i. Ensure that ANGR 35-29 objectives are achieved or a program of specific corrective actions is implemented.

j. Take affirmative action to ensure discriminatory practices do not exist in conducting ANG affairs. When an objective of ANGR 35-29 is not being achieved, develop a plan of corrective actions and file the plan with the State social actions officer.

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k. Commanders and supervisors at all levels will implement ANG policies and practices regarding the equal and just treatment of military personnel. IAW AFR 36-20, rating and endorsing officials of performance reports will consider the quality and effectiveness of an individual's leadership and support of the ANG equal opportunity and treatment policies.

6-8. Wing/Group Social Actions Officers' Responsibilities: The social actions officer advises the commander on military equal opportunity matters, serves as a problem solver, conducts inquiries into complaints of discrimination for the commander, and obtains the assistance of staff activities in resolving the complaints. The social actions officer will--

a. When authorized by the commander, inquire thoroughly, promptly, and impartially into discrimination complaints or racial incidents.

b. Ensure a continuous flow of information pertaining to equal opportunity up and down both informal and official communications channels.

c. Assist unit commanders, first sergeants, and other personnel to resolve problems.

d. Gather and evaluate data relating to equal opportunity from relevant committee reports, security police blotters, and statistical data from the legal office, the CBPO, the chaplain, etc.

e. Maintain close liaison with local base activities having related tasks.

f. Coordinate closely with human relations instructors to ensure a topical cross-feed of information.

g. Explore and develop in consultation with the commander and staff agencies innovative ideas and programs that will further human relations education and equal opportunity and treatment goals.

h. Maintain a current assessment of the installation's overall equal opportunity program and potential problem areas and annually brief the commander and staff.

i. Prepare and file the reports required by this regulation.

j. Develop and maintain a historical data file containing regulations, letters, and messages that pertain to the structure and operation of the equal opportunity and treatment program.

k. Maintain a data handbook as outlined in paragraph 6-13.

l. Apprise commanders of circumstances of apparent discrimination when aware of a problem, regardless of the source.

m. Monitor the ANG Equal Opportunity Affirmative Actions Plan and progress of corrective actions.

- n. Support GSUs in accordance with chapter 7.
- o. Keep the commander informed on the status of unit achievement in meeting ANGR 35-29 objectives and corresponding programs of corrective actions.
- p. Maintain close liaison with the base council.
- q. Maintain close liaison with off-base agencies involved in EO issues.
- r. Have commanders and supervisors at all levels take affirmative action to ensure that the purpose and intent of this regulation concerning human relations/equal opportunity education is carried out.
- s. Seek out of their own resources the assistance of local civilian experts in the field of human relations in carrying out the intent of this program.

6-9. Unit Commanders:

- a. Ensure members of their organization--
 - (1) Are able to present complaints without fear of retaliation.
 - (2) Are encouraged to discuss problems and complaints with their immediate supervisors and others in the chain of command, including the unit commander, before seeking outside assistance.
 - (3) Know the various channels and procedures for filing complaints or otherwise seeking outside assistance.
 - (4) Know that arbitrary discrimination is illegal, will not be tolerated, and will be met with administrative or judicial action.
- b. When a complaint is filed against an individual, advise the individual of the nature and details of the complaint.
- c. Act at once to determine if an allegation of discrimination is valid (calling on the EOT/HRE staff for assistance). Though EOT/HRE staff assistance may not be required, the staff must be notified of all allegations of discrimination addressed by the commander.
- d. Assist as much as possible in providing a remedy for the effects of discrimination (for example, securing a denied position or one comparable; removing or correcting a performance report).
- e. When discrimination is alleged but is not confirmed, address any management deficiencies uncovered through examination of the circumstances and take the appropriate corrective action.
- f. Ensure cooperation with unit staff assistance visits.

6-10. Human Relations Education:

a. Policy. The DOD program in HRE is conducted on a continuing basis for all military personnel including members of the ANG. The program is intended to improve/achieve equal opportunity within the ANG to eliminate and prevent racial tensions, unrest, and violence; and to provide a broad spectrum of organizational and human relations concerns. As used here, human relations encompasses the interaction between members of the Armed Forces--including all persons belonging to the majority and minority groups, men and women.

b. Program responsibilities.

(1) State headquarters (social actions officer) will--

(a) Monitor and evaluate base-level programs to ensure the ANG curriculum guidelines are being taught, and instruction is of high quality.

(b) Arrange training for ANG members assigned to GSUs (see chapter 7).

(2) Ensure human relations instructors complete the DEOMI, which qualifies them for conducting instructing. Installation commanders will--

(a) Monitor and evaluate the base program to ensure ANG curriculum guidelines are being taught and that course content and instructional methods promote improved human relations and EO.

(b) Modify instructional emphasis where necessary to place stress on those phases of the curriculum that are topically related to installation issues or environmental conditions.

c. Newcomers human relations orientation.

(1) All personnel newly assigned to the installation, including PS personnel, will attend. The minimum core curriculum will encompass the following topics:

(a) Names of all social actions personnel, describing their duties.

(b) Location and phone number of the social actions office.

(c) Review of the local (50-mile radius) population demographics as to ethnic and racial composition.

(d) Comparative unit population demographics.

(e) Explanation of the Civil Rights Act (1964), Affirmative Action Program, and complaints procedures.

(f) ANG and local EOT/HRE policies.

(g) Drug and alcohol abuse policies for the ANG.

(h) Human relations council composition and purpose.

(i) The role of the social actions staff in meeting the unit's mission.

(j) Sexual harassment prevention awareness.

(2) The newcomers human relations orientation should be scheduled frequently enough to maintain a small class size, not exceeding 30 people. The program should last at least one hour, and it may be integrated with other base-wide orientations.

d. Human relations education.

(1) Each individual, E-4 and above, will complete HRE upon initial entry and at a minimum refresher training every 4 years.

(2) The curriculum shall include but is not limited to--

(a) Civil Rights Act (1964).

(b) Individual complaints processing procedures.

(c) An update on current EOT/HRE and drug and alcohol abuse policies and programs.

(d) Changes in the installation population composition in terms of ethnic, racial, and gender. Reference is made to the rank structure of officer and enlisted personnel based on these criteria. Attention will be given to the changes taking place in this structure over recent years.

(e) Review goals and objectives of the local affirmative actions plan.

(f) Major emphasis of the HRE is to focus on those skills needed by all supervisors to improve the unit human relations environment. Suggested topics are stress management, nonverbal language, personal racism, institutional racism, values clarification, communications skills, transactional analysis, sexual harassment, assertiveness training, listening skills, group dynamics and interaction, organizational development, human resources development, management by objectives as viewed in human relations, team building, male-female roles, and leadership theory.

e. HRE is to be scheduled frequently enough to maintain a class size of not more than 35 people, and class will last for at least 2 hours. Large group instruction is not acceptable. Films and closed circuit television may be used in concert with small group, but not instead of face-to-face instruction of attendees and instructors.

f. Sexual harassment prevention training is required for all ANG personnel. It should not substitute for HRE training but it should be conducted in addition to other HRE training requirements. SHP training will include at least the following:

- (1) Definition and understanding of sex role static.
- (2) Definition and understanding of sex discrimination.
- (3) Definition and understanding of sexual harassment.
- (4) Organizational and individual responsibility for prevention of sexual harassment.
- (5) Sexual harassment complaint processing.

g. The assignment of proper classroom facilities and scheduling of individuals will be given priority.

6-11. Other Human Relations Instructions:

a. HRE will be presented at the ANG Leadership School and NCO Academy in accordance with AFR 50-39. The ANG Academy of Military Science will present a minimum of 5 hours of HRE. These programs will be monitored and supported by NGB-HR.

(1) HRE portions of above courses will be taught and/or supervised by DEOMI-trained instructors.

(2) Lesson plans will be based on the HRE objectives approved by the Commander, Professional Military Education Center and NGB-HR.

(3) Completion of these schools fulfills the requirements to attend a base-level course.

b. At the invitation of commanders, directors, or agency chief, EOT/HRE personnel are encouraged to provide special seminars or workshops tailored to meet unit human relations needs.

6-12. Human Relations Council: A human relations council, with the commander as active chairman, is mandatory at ANG installations.

a. Membership and purpose. The installations human relations council will be composed of the installation commander, social actions officer, the drug and alcohol abuse NCO, and at least one representative from each unit assigned. Total membership should normally not exceed 20 personnel and should include personnel of grades E-4 and below, minority members, and women. The purpose of the HRC is to surface base-wide irritants to the commander, to support the base equal opportunity program, and to promote a healthy human relations environment. The council will meet semiannually. The membership of the council is vital to its effectiveness; a wide variety of impressions and attitudes is often beneficial. A letter of appointment will be signed by squadron commanders, who should select those members who show a definite interest in the human relations of their unit.

b. The SIC may elect to combine the HRC with another base-wide council. The wing/group social actions officer will be a member of any joint council. As a minimum EOT-HR personnel will brief the council annually on the unit's AAP status.

c. Council minutes. Minutes of council meetings will be forwarded to the commander for approval. Specific reasons for disapproval of council recommendations should be provided. Publicizing council minutes reflecting program objectives and accomplishments is required.

6-13. Resource/Data Handbook: All social actions offices will maintain a data handbook containing up-to-date publications and data concerning the USAF and ANG Social Actions Programs in a 3-inch losseleaf binder arranged in the following manner:

a. Statistics. Copy of the latest report to higher headquarters. Develop chart(s) for trend analysis of ethnic/female population officer and enlisted ranks.

b. Required publications--

(1) AFR 30-2, Air Force Social Actions Program.

(2) This regulation.

(3) ANGR 30-12, Non-Discrimination in Federally Assisted Programs.

(4) AFR 120-4, Manual for Administrative Inquiries and Investigations.

(5) ANGR 35-29, Military Affirmative Actions.

(6) State or gaining command supplement or HOIs that may be issued concerning social actions.

6-14. Installation Evaluation Guide: The evaluation guide, which may be used at squadron level, is included in figure 6-4 to provide each commander with a standard method of evaluating and determining the status of the installation human relations environment. This guide is designed to help the commander--

a. Identify areas for improvement.

b. Improve communications and understanding.

c. Stimulate creative thinking and beneficial actions.

1. General:

a. The chain of command shall be the primary channel for resolving discrimination complaints involving race, color, national origin, religion, and gender; and correcting discriminatory practices in the ANG. If attempts at the resolution at unit level fail, the complaint may proceed through command channels to the Adjutant General for a final decision. SL personnel will be used to advise commanders regarding issues, merits, validity, and processing of complaints. Complaints will be investigated as the commander directs.

b. Complaints of discrimination will be investigated by the States in sufficient detail to assure fairness, justice, and equity. Records of the decision regarding complaints of discrimination will be adequate to document the investigation process, record the decision, and stand alone in any judicial process. Review of complaints will be a subject of staff assistance visits from NGB-HR.

2. Procedures:

a. Any member of the ANG, applicant for membership in the ANG, or beneficiary of services of the National Guard believing himself/herself to be a victim of prohibited discrimination under the ANG Equal Opportunity Program or Title VI of the Civil Rights of 1964 (federally assisted programs) may file a discrimination complaint. The complaint must be in writing and must identify the kind, date, act of discrimination, the alleged discriminating official, and the requested corrective action. Complaints of discrimination must be filed within 180 days of alleged action(s).

b. The complaint should be filed with the respective commander at unit level. If the commander is the alleged discriminating official, the complaint should be filed at the next higher level in the chain of command. Although an individual may initially submit a complaint at any level to include the Adjutant General or the NGB, such complaints will normally be referred to the lowest command level for initial inquiry and attempts at resolution. Applicants for membership may file complaints with the State recruiting and retention manager of the Adjutant General. Complaints from other than members or applicants may be filed with the office of the Adjutant General of the State involved.

c. The commander will cause a fact finding inquiry to be conducted and will attempt to resolve the complaint. If unresolved at unit level, the complaint will proceed through the chain of command. Each successive commander will document the specific actions taken to review the facts and attempts to resolve the issues.

d. If the case proceeds through the chain of command unresolved to the Adjutant General, the Adjutant General will review the chain of command inquiry and will direct a formal investigation be conducted. The report of investigation must contain a thorough documentation of relevant testimony, exhibits, facts, and analyses of the issues. The investigation will result in a recommended finding of whether or not discrimination occurred and recommended corrective action. In the conduct of the investigation, the Adjutant General may use State resources or may request the services of an NGE investigator.

Figure 6-1. Military Discrimination Complaint Processing

(State letterhead)

SUBJECT: Final Decision in the Complaint of Discrimination Filed by

TO: (complainant)

1. The investigation has been completed on your complaint of discrimination based on: _____, filed under (ANGR 30-2 or Title VI of the Civil Rights Act of 1964, as appropriate). A copy of the Report of Investigation was provided to you on _____ to discuss resolution.
(date)

2. After a thorough review of the record, including the Report of Investigation and the resolution meeting, it is the decision of the _____ National Guard
(State)
_____ adopt the investigator's recommended finding of _____
(to) (not to) (nondiscrimination)
_____. This decision is based on the conclusion that you have
(discrimination)
_____, by a preponderance of the evidence, that the reasons
(proven) (failed to prove)
for your complaint were influenced by _____ discrimination.
(type)

(SELECT PARAGRAPH 3 AS APPROPRIATE)

3. The _____ National Guard will take the following remedial action to
(State)
resolve your complaint:

a.

b.

(OR)

3. Since discrimination was not found, the _____ National Guard considers no
(State)
further action necessary in the matter of your complaint.

(OR)

3. Although discrimination was not found, the _____ National Guard intends to
(State)
make the following management improvements as a result of information brought out in the investigation:

a.

b.

(Figure 6-1 continued)

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4. A copy of your complaint file will be sent to the National Guard Bureau for administrative review.

5. If you have any questions on your case, you may contact
State) (POC within the

AG Signature

PURPOSE: AF Form 1271 is used primarily to document assistance rendered in situations where discrimination is not involved. However, if, after coming to the social actions office, individuals agree to talk to the commander or supervisor before filing a discrimination complaint, the form is used to document actions. Additionally, if the unit commander informs social actions of allegations of discrimination that are worked within the unit (by the commander), actions should be documented on AF Form 1271. The form is designed to capture data and ensure accountability.

NOTE: EOT/HRE personnel must fully document and follow up allegations of discrimination worked by the squadron commander. Followup must be documented in block 11 of the AF Form 1271.

INSTRUCTIONS: Those blocks not discussed are considered self-explanatory.

Blocks 1 and 2--Name. Identify if appropriate. If unable to determine the name of the individual, indicate N/A or NAME WITHHELD. Grade coding is E-1, O-2, CIV, dep, etc.

Block 3--Date. Use the date of contact, not the date the form is completed.

Block 4--Time Spent. This includes the initial contact time, plus any followup action time.

Block 7--Race. White, Black, Other, not applicable

Block 8--Services Rendered. Indicate by checkmark appropriate services rendered.

Block 9--Referred By. Indicate by checkmark agency or person referring individual or concern to social actions.

Block 10--Summary of Problem. Document all events involved in the complaint/assistance. Each entry should be preceded by the appropriate date of entry.

Block 11--Follow-up/Services Rendered. Notation of all actions taken to include date of action. Allegations of discrimination worked by the squadron commander must be followed up and reported on AF Form 3018.

Block 12--Type of Contact. Check initial place or means of contact.

Block 13--Referred To. If referred to another individual or agency, check appropriate block.

Figure 6-2. Instructions for Completing AF Form 1271

SOCIAL ACTIONS COMPLAINTS/ASSISTANCE																			
<i>THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974</i>																			
<small> AUTHORITY: 10 U.S.C. 1042, EO 11678 and 9797 PRINCIPAL PURPOSES: 1. Collect data necessary for the processing of grievances/complaints. 2. Track assistance actions for statistical purposes. POLICY: 1. Provide a uniform marking system to identify non-EOT and assistance. 2. Demographic data will be used for statistical purposes only. 3. All or a portion of the information contained on this form may be included in subsequent and related EOT/complaint processing. Information will be disclosed to DoD officials when necessary in the performance of their duties. DISCLOSURE IS VOLUNTARY: Refusal to divulge information could affect efforts to effectively process grievances/complaints. </small>																			
1. NAME Jones, Jack		2. GRADE E-4		3. DATE 20 Nov 85		4. TIME SPENT 1hr15m													
5. UNIT 2745th OMS				6. SEX Male		7. RACE White													
8. SERVICES RENDERED				9. REFERRED BY															
<input checked="" type="checkbox"/> INTERVIEWED		<input type="checkbox"/> REFERRED		<input checked="" type="checkbox"/> SELF		<input type="checkbox"/> SUPERVISOR													
<input type="checkbox"/> PHONE INQUIRY		<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> UNIT COMMANDER		<input type="checkbox"/> OTHER (Specify)													
10. SUMMARY OF PROBLEM <p>Sgt Jones wanted to contest an APR. Sgt Jones' complaint was not based on discrimination. I made an appointment for Sgt Jones to speak with APR section chief(CBPO), TSgt Hernandez.</p>																			
11. FOLLOW-UP/SERVICES RENDERED <p>22 November -- Checked with Sgt Jones. He stated TSgt Hernandez had briefed him on filing a rebuttal to his APR. Sgt Jones is in the process of writing the rebuttal and no longer needed my assistance.</p>																			
12. TYPE OF CONTACT <input checked="" type="checkbox"/> OFFICE <input type="checkbox"/> PHONE <input type="checkbox"/> OFF BASE <input type="checkbox"/> ON BASE <input type="checkbox"/> OTHER (Specify)																			
13. REFERRED TO <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/> IG</td> <td style="width: 10%;"><input type="checkbox"/> UNACC</td> <td style="width: 10%;"><input checked="" type="checkbox"/> DP</td> <td style="width: 10%;"><input type="checkbox"/> CMC</td> <td style="width: 10%;"><input type="checkbox"/> SUPERVISOR</td> <td style="width: 10%;"><input type="checkbox"/> MC</td> </tr> <tr> <td><input type="checkbox"/> JA</td> <td><input type="checkbox"/> ACP</td> <td><input type="checkbox"/> 1ST SERGEANT</td> <td><input type="checkbox"/> SO</td> <td><input type="checkbox"/> OC</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> </table>								<input type="checkbox"/> IG	<input type="checkbox"/> UNACC	<input checked="" type="checkbox"/> DP	<input type="checkbox"/> CMC	<input type="checkbox"/> SUPERVISOR	<input type="checkbox"/> MC	<input type="checkbox"/> JA	<input type="checkbox"/> ACP	<input type="checkbox"/> 1ST SERGEANT	<input type="checkbox"/> SO	<input type="checkbox"/> OC	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> IG	<input type="checkbox"/> UNACC	<input checked="" type="checkbox"/> DP	<input type="checkbox"/> CMC	<input type="checkbox"/> SUPERVISOR	<input type="checkbox"/> MC														
<input type="checkbox"/> JA	<input type="checkbox"/> ACP	<input type="checkbox"/> 1ST SERGEANT	<input type="checkbox"/> SO	<input type="checkbox"/> OC	<input type="checkbox"/> OTHER (Specify)														
14a. INTERVIEWER <i>John Jones</i>				14b. INTEROFFICE COORDINATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">SLE</td></tr> <tr><td>SLO</td></tr> <tr><td>SL</td></tr> </table>				SLE	SLO	SL									
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SL																			

AF FORM 1271

FOR OFFICIAL USE ONLY (When filled in)

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(Figure 6-2 continued)

SL

Followup on Social Actions Assistance

CC

1. On 5 April 1986, SSgt Smith of your squadron visited the EOT/HRE office concerning a problem that included allegation of discrimination. After discussing the situation and apprising SSgt Smith of his options for seeking resolution, SSgt Smith elected to pursue his concern through squadron channels in lieu of filing a formal complaint with our office. We have attached a copy of our interview with SSgt Smith (AF Form 1271).
2. Because allegations of discrimination are involved, ANGR 30-2 requires that we follow up on the outcome of SSgt Smith's situation. The intent is to have a more complete accountability of alleged EOT violations not worked by social actions personnel. This also assists in our EOT climate assessments. Please provide a brief written response stating whether or not discrimination was confirmed, as well as any actions taken if discrimination was confirmed.

Signature of Chief of Social Actions

1 Atch
AF Form 1271

(Figure 6-2 continued)

1. Unit _____ State _____ Command _____ FY Ending _____

2. Racial Incidents: Minor _____ Serious _____ Major _____ Total _____

3. Equal Opportunity Complaints: (Written and Verbal)

Total _____ Complaints Resolved _____ Discrimination Confirmed _____

Complaint Area	Race/Ethnic	Gender	National	Religion	Age
	Color Total/Conf	Total/Conf	Origin Total/Conf	Total/Conf	Total/Conf
-Promo/Non-Sel	_____	_____	_____	_____	_____
-Separation	_____	_____	_____	_____	_____
-Training	_____	_____	_____	_____	_____
-ANG Policy	_____	_____	_____	_____	_____
-Other (Specify)	_____	_____	_____	_____	_____
-Total	_____	_____	_____	_____	_____
-Number of Sexual Harassment Cases _____ Cases Confirmed _____					
-Number of Complaint/Assistance Matters Handled _____					

4. Actions Taken When Discrimination Confirmed:

Verbal Reprimand _____ Written Reprimand _____ Article 15 _____

Removal from COMD/SUPV Position _____ Other (specify in remarks) _____

5. Social Actions Personnel:

-Officer: Authorized _____ Assigned _____ AFSC Qualified _____

-Enlisted: Authorized _____ Assigned _____ AFSC Qualified _____

6. Human Relations Education:

-Total Unit Population E-4 and Above _____

-Total Number Receiving HRE This Reporting Period _____

Enlisted: E-4-5-6 _____ E-7-8-9 _____

Officer: O-1-2-3 _____ O-4 and Above _____

7. Unit Population:

	Black	Hispanic	Asian	Native American	Other	Women
Officer	_____	_____	_____	_____	_____	_____
Enlisted	_____	_____	_____	_____	_____	_____

Figure 6-3. Equal Opportunity and Treatment/Human Relations Education Summary

Total Unit Population--Officers _____ Enlisted _____

Percent of Officer Population Which are: Minorities _____ Women _____

Percent of Enlisted Population Which are: Minorities _____ Women _____

8. Remarks/Narrative (Use additional sheets):

Typed Name of Wing/Group SL Officer

Signature

Date

(Figure 6-3 continued)

1. Does your incoming personnel orientation briefing contain a comprehensive presentation of the base equal opportunity program and the drug and alcohol abuse control program?
2. Does your social actions officer make periodic presentations to your staff on installation problems being encountered?
3. Is your program detailed in an affirmative actions plan that encompasses supportive responsibilities of other staff agencies?
4. Have you taken any opportunity to personally speak to assemblies of white and minority airmen on equal opportunity?
5. Are you aware of the percentages of minority and female personnel involved in:
 - a. Promotion?
 - b. Administrative discharges?
 - c. Awards and decorations?
 - d. Overtime training?

How do the percentages compare to the percentage of total base population? If the skew is adverse, is any action taking place to resolve the problem?

6. Is there broad based multi-race, gender, and age participation and support on the human relations council?
7. Are "sticky issues" addressed during council meetings?
8. Are younger airmen freely presenting complaints, or are they seemingly inhibited?
9. What image do you and your supervisors project to minority airmen and military women?
10. Does base publicity (newsletter, etc) communicate human relations and social actions programs.
11. Are the complaint process and information identifying social actions personnel posted on bulletin boards?

Figure 6-4. Commander's (Installation/Squadron) Equal Opportunity Self-Evaluation Checklist

CHAPTER 7. PROGRAM ADMINISTRATION AT GSUs

7-1. General Information: ANG programs of equal opportunity and treatment, human relations education, and drug and alcohol abuse control fulfill essentially the same mission support roles at GSUs as at major installations. However, GSUs have unique and variable conditions that must be recognized and provided for in the application of ANG social actions policy. This chapter tailors ANG social actions programs to the needs of ANG military personnel at GSUs. While this chapter assigns specific responsibilities to a variety of personnel, the commander remains the focal point of the program.

7-2. GSU Defined: For this regulation, a GSU is any installation to which ANG personnel are assigned that does not have a CBPO and/or a social actions officer providing EOT, HRE, and drug/alcohol abuse control programs. This chapter applies to all GSU personnel. Requirements may be waived or modified with concurrence of NGB-HR if the GSU population is 50 or less.

7-3. Program Support: It is essential that the GSU commander employ all resources available in operating a social actions program. State headquarters with GSUs will ensure that available resources (religious, medical, legal, etc) are obtained to support social actions programs at GSUs.

7-4. Equal Opportunity and Treatment: The special small unit features of GSUs provide unique challenges and opportunities in the equal opportunity area. The typically close on- and off-duty GSU personnel environment makes maintenance of a harmonious human relations atmosphere particularly important. GSU commanders must ensure that ANG equal opportunity policies and procedures are well understood by their personnel, and that they are fully implemented both on and off station, and publish a policy statement to that effect.

7-5. EOT Complaints: Discrimination complaints will be processed according to figure 6-1.

7-6. Affirmative Actions Program: The ANG Affirmative Action Program will be implemented at GSUs. AAP reporting for GSUs will be forwarded to the AG or servicing CBPO as determined by TAG/SL. GSU commanders will be familiar with the ANG AAP. The commander must also ensure that all personnel are afforded the considerations and safeguards outlined in the Plan.

7-7. Human Relations Education: HRE will be accomplished as required in chapter 6. All GSU newcomers will receive information on EOT policies and local programs and environment during the GSU orientation program required by paragraph 7-11.

7-8. Drug and Alcohol Abuse Control Policy: All provisions of chapters 3, 4, and 5 apply to GSUs.

7-9. Social Actions Program Management: The commander will appoint an officer or NCO to perform the duties outlined in this chapter. Individuals selected to perform these duties may not simultaneously function in an IG capacity.

7-10. Training for GSU Social Actions Personnel: These personnel should be familiar with management of social actions programs and the specific functions of the drug and alcohol abuse control, equal opportunity and treatment, and human relations education programs. The following guidelines apply:

a. GSU social actions personnel will be scheduled for training within 6 months after selection or appointment.

b. Training will be provided by the host base most likely to offer followup assistance and support or the State headquarters. States will develop plans to provide training prescribed by this paragraph.

c. If possible, training will include practical experience.

d. The length of the training will be determined by the State, based on the needs of the GSU and the qualifications and background of selected personnel.

e. GSU social actions personnel should attend the current social actions education programs; e.g., HRE, and Drug and Alcohol Abuse Control Education Seminar at the host base or other convenient locations.

f. To further enhance understanding of the social actions program, GSU social actions personnel are encouraged to enroll in the social actions career development courses, equivalent ECI courses, or related college courses.

7-11. Newcomers Human Relations Orientation for GSUs: The commanders will provide this program to newly assigned personnel within 2 months of their assignment. Background information for the orientation briefings shall come from the State headquarters and/or the host base social actions office. These agencies are responsible for keeping GSU commanders and social actions personnel informed on all EOT and drug and alcohol abuse matters affecting the GSU. Personnel assigned duties in social actions will participate in the orientation briefing. This program may be given in conjunction with the unit newcomer's orientation.

7-12. Other Education Programs:

a. Other general preventive drug and alcohol abuse or human relations education may be made available at the GSU on an "as needed" basis when requested by the GSU commander.

b. Commanders may request presentation of social actions education program(s) by host social actions office. Ensure coordination with the parent unit and State headquarters.

7-13. Budgeting: All budget requirements incurred as a result of this chapter, including special GSU initiated requests for assistance from the host base, will normally be funded by each GSU. The only exception to this policy will be for regularly scheduled staff assistance visits, funded by the host base social actions office or the servicing State headquarters as applicable.

7-14. Staff Assistance Visits: Social actions personnel from the State headquarters and/or host base will make annual social actions staff assistance visits to each GSU and additional visits as necessary to ensure effective program management regardless of population size.

7-15. Reporting Format: The ANG Drug and Alcohol Abuse Report (figure 3-3) and the Equal Opportunity and Treatment, and Human Relations Education Summary will be prepared by GSUs annually. Indicate on the EOT and HRE summary the training background of the social actions personnel, including schools, workshops, etc. The reports will be approved by the GSU commander. The original will be sent to the host base social actions office, and a copy will be sent to the State social actions officer for consolidation with host unit report for forwarding to NGB-HR.

7-16. Incident Reporting: Racial incidents will be reported to the host base social actions office for forwarding through normal reporting channels to State headquarters and NGB. Report minor and serious incidents within 24 hours of occurrence by message or voice communications. Within one duty day after telephone notification, submit a written report detailing the incident.

7-17. Self-Inspection Checklist: Commanders and social actions personnel will use the self-inspection checklist.

a. Equal opportunity and treatment/human relations education.

(1) Is the GSU commander providing a viable EOT program using existing local personnel and resources?

(2) Are data pertaining to EOT complaints and incidents reported using the social actions management at GSU report?

(3) Are EOT complaints documented?

(4) Is a case file maintained for each EOT complaint?

(5) Are incidents based on color, national origin, race, ethnic group, religion, or gender reported to the parent social actions office within 24 hours of occurrence?

(6) Is the GSU social actions NCO or officer a member of the unit advisory council (UAC)?

(7) Are the GSU commander and the social actions officer or NCO familiar with the AAP?

(8) Are personnel assigned to GSUs within a reasonable commuting distance to the host base scheduled to attend HRE programs?

b. Drug and alcohol abuse control.

(1) Is the GSU using drug and alcohol abuse/referral/rehabilitation committees?

(2) Is the referral/rehabilitation committee composed of specified individuals?

(3) Are all individuals who are involved in drug or alcohol abuse incidents referred to social actions for evaluation?

(4) Is AF Form 2731 being used to identify drug or alcohol abusers for referral/rehabilitation?

c. Program management.

(1) Are social actions support, assistance, and consultant services provided by the most convenient social actions?

(2) Has the GSU commander appointed anyone for social actions duties?

(3) Have funds been made available in the GSU budget to support social actions requirements?

(4) Has the GSU social actions functions been reviewed during staff assistance visits by the host-based social actions staff?

(5) Are AFR 160-23 and ANGRs 30-2 and 35-29 and host-base supplements available?

BY ORDER OF THE SECRETARY OF THE AIR FORCE

HERBERT R. TEMPLE, JR., Lieutenant General, USA
Chief, National Guard Bureau

OFFICIAL

HARRY M. LESLEY, Colonel, USAF
Executive, National Guard Bureau

SUMMARY OF CHANGES

This revision incorporates IMC's 81-1 thru 84-1, which encompass topics such as the location of the social actions office, clarification of terms, and addition of a new section on the accession of drug abusers, including a urinalysis testing program. Specifically: social actions office location (para 2-1); explanation of drug terms aligned with AFF 30-2 (chap 3); guide to dangerous drugs, narcotics, and marijuana revised to clearly separate each drug category (fig 3-2); ensures drug/alcohol abuse testing is administered to all ANG personnel (chap 5); accession of drug/alcohol abusers (chap 3); urinalysis testing program introduced which includes terms defined, policy, and responsibilities (chap 4); new procedures for processing military complaints of discrimination (final agency decision delegated to State AG and review authority to NGB) (fig 6-1); sample final agency decision letter (fig 6-1); complaint assistance form (fig 6-2); establish new SHPT requirements; human relations education program amended to ensure training in the Civil Rights Act of 1964; AAP and complaints management on initial entry and change HRE refresher training to every 4 years; the quarterly HR council meeting requirement changed to a semiannual meeting.

DEPARTMENT OF THE AIR FORCE
Headquarters US Air Force
Washington DC 20310-2500

CHANGE 1
ANGR 30-2

Personnel

SOCIAL ACTIONS PROGRAM

ANGR 30-2, 1 September 1987, is changed as follows:

Page - insert changes:

Remove
- - - -

Insert
60.1

BY ORDER OF THE SECRETARY OF THE AIR FORCE

OFFICIAL

HERBERT R TEMPLE JR, Lieutenant General, USA
Chief, National Guard Bureau

HARRY M LESLEY, Colonel, USAF
Executive, National guard Bureau

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e. Using the report of investigation and a personal appraisal of the case, the Adjutant General will meet with the complainant to resolve the complaint. The Adjutant General will then issue the final decision in the case and take appropriate remedial steps if discrimination is found. Format for the final decision letter is at page 61. The final decision by the Adjutant General is considered to have exhausted the administrative process.

f. After the final decision has been issued, a copy of the case file will be forwarded to the National Guard Bureau. An administrative review of each case will be conducted by the National Guard Bureau to ensure compliance with applicable law or regulation. The review will be conducted by NGB-HR and coordinated with NGB-JA and the Air Directorate. The case will include a copy of the original complaint, the chain of command inquiry report, report of investigation, final decision letter, report of resolution achieved, remedial action taken, and any other action taken in disposition of the complaint. Such a review will be a procedural requirement for all cases, whether or not requested by the complainant.

g. If an administrative review reveals deficiencies in compliance with law or regulation, the case will be returned to the State for appropriate corrective action.

Figure 6-1 (continued)